

application to be considered a depositary under the aifmd RULES AND GUIDANCE, 2021

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| full name and address of the applicant: |

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| commission reference number (if already regulated by the commission). please note that a form RA/1 will also require completion if the depositary is not currently licensed under the protection of investors (bailiwick of guernsey) law, 2021: |

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| require aif depositary condition (yes/no) |  |

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| require non-financial asset aif depositary condition: (yes/no) |  |

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| describe the organisational structure of the applicant: |

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| if applicable, provide details of the delegation arrangements: |

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| attach evidence to support the applicant’s minimum capital requirement: |

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| describe how the aifs cash flows will be monitored: |

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| describe the safekeeping arrangements to be employed: |

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| provide details of how the applicant will ensure that the sale, issue, repurchase, redemption and cancellation of units or shares of the aifs are carried out, and that the aifs income are applied: |

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| provide details of how the applicant will ensure that the value of the units of the aifs are calculated in accordance with the applicable rules: |

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| provide the names of the alternative investment fund(s) for which you will act as depositary and wish to opt in to comply with the aifmd rules and guidance, 2021: |

**DECLARATIONS BY THE APPLICANT:**

1. We declare that the information given in and with this application is complete and correct to the best of our knowledge and belief and that we are aware of no other facts of which the Commission should be aware. We undertake to inform the Commission promptly of any changes material to the application which occur before it has been determined.
2. We agree to comply with The AIFMD Rules and Guidance, 2021 and agree to the imposition of these Rules as a condition on our licence pursuant to section 5 of The Protection of Investors (Bailiwick of Guernsey) Law, 2021, as amended (“the POI Law”). Agreement to this condition will be considered confirmation that the Applicant understands and accepts that it will forgo any right of appeal made available to it under section 57 of the POI Law.

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| Name of first signatory: | |
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| Position: |  |
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| Signature: |  |
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| Name in block capitals: |  |
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| Date: |  |
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| Name of second signatory: | |
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| Position: |  |
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| Signature: |  |
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| Name in block capitals: |  |
|  |  |
| Date: |  |

(see Note 1)

**Note:**

**The Data Protection (Bailiwick of Guernsey) Law, 2017**

For the purpose of the Data Protection (Bailiwick of Guernsey) Law, 2017 please note that any personal data provided to the Commission will be used by the Commission to discharge its regulatory activities and statutory functions. Further information, relating to the Commission’s Data Protection policy, can be located on the website at [www.gfsc.gg/data-protection](http://www.gfsc.gg/data-protection)

**Note 1:** This application form must be signed by two of the directors of the Applicant or in relation to an

unincorporated body, any member of the committee or similar governing body.