

application for a licence for a MANAGER / GENERAL PARTNER (WHERE REQUIRED) IN RESPECT OF A ROUTE 2 OR 3 PRIVATE INVESTMENT FUND

PLEASE NOTE: there is no requirement for a Private Investment Fund applying via Route 2 or Route 3 to appoint a Manager which is licensed under the Protection of Investors (Bailiwick of Guernsey) Law, 2020 (“the POI Law”). This form is therefore only for use:

1) if it is intended that a Manager which will require licensing under the POI Law will be appointed to a Private Investment Fund which is applying via Route 2 or Route 3, or

2) where a Limited Partnership is applying to be a Private Investment Fund via Route 2 or Route 3 and its associated General Partner is required to be licensed under the POI Law.

This form should be completed in full and signed. Once complete the form should be submitted electronically together with all supporting documents, where applicable to: [authorisations@gfsc.gg](mailto:authorisations@gfsc.gg).

In relation to each natural person named in this application form (including shareholder controllers), an Online Personal Questionnaire and/or Online Appointment form should be submitted through the Commission’s Online PQ Portal.

Prescribed fee: Send by BACS to:

Bank: HSBC Guernsey Branch

Address: 20-22 High Street, St Peter Port, Guernsey GY1 2LB

Sort code: 40-22-25

Account Number: 91460722

IBAN: GB53MIDL40222591460722

Swift: MIDLGGS1XXX

Account Name:  Guernsey Financial Services Commission

Reference: *“Applicant’s name”*

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| 1. full name and address of the proposed licensee: |

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| 2. name of the route 2 or route 3 private investment fund related to this application: |

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| 3. STATE WHETHER THE PROPOSED LICENSEE IS PART OF A GROUP: Yes  No |
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| 4.. if applicable please provide a group structure diagram (with percentage of interest). included? yes  N/A |

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| 5. please provide (BELOW) the names, dates of birth and addresses of the beneficial owners of the PROPOSED LICENSEE’s share capital, showing the percentage interest of each beneficial owner. |

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| --- | --- | --- | --- |
| **NAME** | **DATE OF BIRTH** | **ADDRESS** | **PERCENTAGE INTEREST** |
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| 6. If applicable please list all directors of the proposed licensee below | | | | |
|  | | | | |
| Name | Date of birth | Country of residence | title/duties | date of appointment |
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| 7. Please list the MONEY LAUNDERING REPORTING OFFICER, MONEY LAUNDERING COMPLIANCE OFFICER and (if one is appointed) compliance officer of proposed licensee below | | | | |

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| --- | --- |
| Name | Date of Birth |
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| 8. name of administrator of proposed licensee: |
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| 9. name of auditor of proposed licensee (IF APPOINTED): |

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| 10. Please provide a business risk assessment for the proposed licensee, which evidences that the business has considered the financial crime risks to which it may be exposed once its business activities commence, and how it will address them. Guidance on identifying and assessing risks of how a financial services business might be involved in money laundering or terrorist financing taking into account its customers, products and services and the ways in which it provides those services is provided in Chapter 3 of the Handbook on Countering Financial Crime and Terrorist Financing.  Included? Yes |

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| 11. the proposed licensee will be licensed for the restricted activity of management of category 1 controlled investment business. please indicate below if the proposed licensee requires any other restricted activities or an additonal category. | | | | | |
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|  | **CATEGORY 1** | **CATEGORY 2** |  | **CATEGORY 1** | **CATEGORY 2** |
|  |  |  |  |  |  |
| PROMOTION |  |  | MANAGEMENT |  |  |
| SUBSCRIPTION |  |  | ADMINISTRATION |  |  |
| REGISTRATION |  |  | ADVISING |  |  |
| DEALING |  |  | CUSTODY |  |  |

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| 12. provide the start and end dates of the first financial period of the proposed licensee (NB: this is required for internal purposes): |

**DECLARATIONS BY THE PROPOSED LICENSEE WHICH INTENDS TO ACT AS MANAGER / GENERAL PARTNER TO A PRIVATE INVESTMENT FUND APPLYING UNDER ROUTES 2 OR 3:**

1. We have submitted all relevant online PQ and Appointment Forms for this application.
2. We have submitted the application fee for the proposed licensee required under the relevant fees regulations, by BACS payment to the Guernsey Financial Services Commission’s bank account.
3. 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 the application has been determined.
4. We are aware it is an offence, under The Protection of Investors (Bailiwick of Guernsey) Law, 2020 in respect of which the Commission exercises its functions, to knowingly or recklessly provide the Commission with information, which is false or misleading in a material manner.

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| Name of first signatory: |  |
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| Position: (see Note 1) |  |
|  |  |
| Signature: |  |
|  |  |
| Name in block capitals: |  |
|  |  |
| Date: |  |
|  |  |
|  |  |
| Name of second signatory: |  |
|  |  |
| Position: (see Note 1) |  |
|  |  |
| Signature: |  |
|  |  |
| Name in block capitals: |  |
|  |  |
| Date: |  |

**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

**DECLARATIONS BY THE ADMINISTRATOR OF THE PROPOSED LICENSEE WHICH INTENDS TO ACT AS MANAGER / GENERAL PARTNER TO A PRIVATE INVESTMENT FUND APPLYING UNDER ROUTE 2 or 3:**

1. I confirm that we, as administrator of the proposed licensee and as proposed Designated Administrator of the associated route 2 or 3 private investment fund, have performed sufficient due diligence to be satisfied that the proposed licensee is fit and proper and that in this respect consideration has been given to all of the issues set out in the Private Investment Fund Guidance Note dated November 2021.
2. 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 the application has been determined.
3. I am aware it is an offence, under The Protection of Investors (Bailiwick of Guernsey) Law, 2020 in respect of which the Commission exercises its functions, to knowingly or recklessly provide the Commission with information, which is false or misleading in a material manner.

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| Name of signatory: |  |
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| Position: (see Note 2) |  |
|  |  |
| Signature: |  |
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| Name in block capitals: |  |
|  |  |
| Date: |  |
|  |  |
| Contact telephone number: |  |

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**Note 2:** This application form must be signed by one of the directors of the proposed administrator of the proposed licensee or in relation to an unincorporated body, any member of the committee or similar governing body.