

application for a PRIVATE INVESTMENT FUND Route 2 – Qualifying Private Investor

This form should be completed in full and signed on the last page. 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”*

(see Note 1)

PLEASE NOTE: there is no requirement for a Private Investment Fund applying via Route 2 to appoint a Manager which is licensed under the Protection of Investors (Bailiwick of Guernsey) Law, 2020 (“the POI Law”). However, if it is intended that a licensed Manager will be appointed to a scheme which is applying via this route, then please provide details of the name and GFSC number of that Manager (if already licensed) as part of the application submission. If the Manager is not yet licensed, then please also complete form: PIF Form 4 and arrange for that form (along with the associated fee) to be submitted at the same time as this application.

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| 1. name of the proposed private investment fund: |

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| 2. Promoter’s name and address: |

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| 3.open or closed ended scheme: |

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| 4. if relevant, names of proposed cells /sub funds: |

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| 5. if applicable please list all directors of the proposed fund |

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| Name | Date of birth | Country of residence | title/duties | date of appointment |
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| 6. name of administrator of proposed fund: |
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| 7. name and address of investment manager/ adviser of proposed Fund: |

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| 8. name of auditor of proposed fund: |

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| 9. if the scheme takes the form of a trust, please provide the name and address of the trustee. if the scheme takes the form of a limited partnership, please provide the name and address of its general partner :  NB – in the case of a scheme which is a limited partnership, please also advise:   1. whether the general partner is already licensed under the POI Law: 2. whether the general partner will need to be licensed under the POI Law – and in which case please also complete PIF Form 4 in respect of the proposed general partner: 3. If the general partner will not need to be licensed under the POI Law, please provide the reason why, and also provide the names, addresses and dates of birth of its directors: |

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| 10. name of custodian of proposed fund (open ended funds): |

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| 11. name of nominated firm for investor cdd (see Note 2): |

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| 12. Will the scheme utilise intermediaries as permitted under section 9.8 of the Handbook? If so, please provide the total number of intermediaries acting for one or more investors by jurisdiction: | |
| Number of Intermediaries | Name of Jurisdiction |
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| 13. Give brief description of investment objectives and policy of scheme  Objectives: |

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| --- | --- | --- | --- | --- |
| 14. POLICY: (PLEASE TICK APPLICABLE BOXES):   |  |  |  |  | | --- | --- | --- | --- | | **Debt Emerging Markets Equities / Securities Money Market / Cash Real Property Venture Capital Balanced Commodities/ resources feeder fund insurance-linked securities sharia** |  | **Derivatives Fund of Hedge Fund Hedge Fund Infrastructure Managed Currency Private Equity illiquid assets insurance related litigation special situations technology** |  | |
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| 15. does the proposed fund have information particulars or equivalent: yes  No  IF YES PLEASE PROVIDE A COPY. INCLUDED? yes  N/A |

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| 16. jurisdiction(s) in which marketing and/or management is to be conducted: |

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| 17. the start and end dates of the first financial period of the proposed fund: |

**DECLARATION BY THE PROPOSED DESIGNATED ADMINISTRATOR OF THE PRIVATE INVESTMENT FUND APPLYING UNDER ROUTE 2**

1. I confirm that we, as proposed designated administrator of the scheme, have performed sufficient due diligence to be satisfied that the promoter of, and the associated parties to, the scheme are 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. I confirm that we, the proposed designated administrator of the scheme, have effective procedures in place to ensure restriction of the scheme to qualifying private investors as set out in the relevant “Route 2” section of Schedule 1 to The Private Investment Fund Rules and Guidance (2), 2021.
3. We certify that the private investment fund will contain no more than 50 legal or natural persons holding an ultimate economic interest in the private investment fund as set out in the relevant “Route 2” section of Schedule 1 to The Private Investment Fund Rules and Guidance (2), 2021.
4. I confirm that we, the proposed designated administrator of the scheme, are content that prior to subscription all investors will receive a disclosure statement in the format as prescribed in the relevant Commission guidance.
5. I confirm that all relevant online PQ and Appointments have been submitted for this application.
6. I confirm that the application fee as required under the relevant fee regulations has been submitted, by BACS payment, to the Guernsey Financial Services Commission’s bank account.
7. I confirm that the information supplied is complete and correct to the best of my knowledge and belief at the time of submission and that there are no other facts material to the application of which the Commission should be aware.
8. 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 3) |  |
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| Signature: |  |
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| Name in block capitals: |  |
|  |  |
| Date: |  |
|  |  |
| Contact telephone number: |  |

**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:** For existing registered collective investment schemes electing to become private investment funds no additional application fee will apply.

**Note 2:** The firm nominated for CDD in accordance with the provisions of section 4.8.1. of the Handbook on Countering Financial Crime and Terrorist Financing.

**Note 3**: This application form must be signed by one of the directors of the proposed designated administrator or in relation to an unincorporated body, any member of the committee or similar governing body.