

application for a PRIVATE INVESTMENT FUND and manager: Route 1- Poi Licensed Manager

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)

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

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| 2. full name and address of the proposed manager:  if the manager is already licensed please provide the gfsc reference no: |

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| 3. promoter’s name and address: |
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| 4. open or closed ended scheme: |

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| 5. if relevant, names of proposed cells /sub funds: |

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| 6. STATE WHETHER THE PROPOSED MANAGER IS PART OF A GROUP: Yes  No |
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| 7. if applicable please provide a group structure diagram (with percentage of interest). included? yes  N/A |

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| 8. please provide (BELOW) the names, dates of birth and addresses of the beneficial owners of the PROPOSED MANAGER’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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| 9. if applicable please list all directors of the proposed manager | | | | |
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| Name | Date of birth | Country of residence | title/duties | date of appointment |
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| 10. please list the MONEY LAUNDERING REPORTING OFFICER, MONEY LAUNDERING COMPLIANCE OFFICER and (if one is appointed) compliance officer of proposed manager. | | | | |

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| Name | Date of Birth |
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| 11. 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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| 12. name of administrator of proposed fund: |
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| 13. name of auditor of proposed fund and manager (IF APPOINTED): |

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| 14. if the scheme takes the form of a limited partnership or trust, provde the name and address of the general partner / trustee, as appropriate: |

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| 15. name of custodian of proposed fund (where relevant): |

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| 16. name of nominated firm for investor cdd (see Note 2): |

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| 17. 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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| 18. give brief description of investment objectives and policy of scheme  objectives: |
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| 19. 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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| 20. does the proposed fund have information particulars or equivalent?: yes  No  IF YES PLEASE PROVIDE A COPY. INCLUDED? yes |

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| 21. if there is a minimum investment / commitment, please state the value here: |

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| 22. jurisdiction(s) in which marketing and/or management is to be conducted: |

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| 23. please provide a business risk assessment for the manager, 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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| 24. the proposed manager will be licensed for the restricted activity of management of category 1 controlled investment business. please indicate below if the proposed manager 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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| 25. the start and end dates of the first financial period of the proposed fund and its manager (NB: reference dates for manager required for internal purposes): |

**DECLARATIONS BY THE PROPOSED MANAGER OF THE PRIVATE INVESTMENT FUND APPLYING UNDER ROUTE 1:**

1. We affirm that the investors, of whom we know, are intending to invest, in the private investment fund, and after having made careful and appropriate enquiries are, as far as we have reasonably been able to ascertain, able to sustain any losses incurred on this product at the time of their investment.
2. We further undertake that, upon our becoming aware of further investors intending to invest in the private investment fund, we will ascertain that they are able to sustain any losses incurred on this product at the time of their investment.
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 save in the instances set out in Schedule 1 to The Private Investment Fund Rules and Guidance (2), 2021.
4. We have submitted all relevant online PQ and Appointments for this application.
5. We have submitted the application fee for the proposed manager and the proposed private investment fund required under the relevant fees regulations, by BACS payment to the Guernsey Financial Services Commission’s bank account.
6. 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.
7. In making the above declarations on the ability of investors to sustain loss, where we have relied, or will rely, upon a declaration from an investor or prospective investor, we undertake to document our assessment of such investor declaration and make evidence of this assessment available to the Commission upon request.
8. 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 3) |  |
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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: (see Note 3) |  |
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| Signature: |  |
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| Name in block capitals: |  |
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| 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:** For existing licensed Managers and/or 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 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 PROPOSED DESIGNATED ADMINISTRATOR OF THE PRIVATE INVESTMENT FUND APPLYING UNDER ROUTE 1:**

1. I confirm that we will accept our appointment as proposed designated administrator of the private investment fund.
2. I confirm that we, as proposed designated administrator of the private investment fund, have performed sufficient due diligence to be satisfied that the proposed manager (promoter) of the private investment fund 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.
3. 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.
4. 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 4) |  |
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| Signature: |  |
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| Name in block capitals: |  |
|  |  |
| Date: |  |
|  |  |
| Contact telephone number: |  |

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**Note 4:** 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.