



Guernsey Financial  
Services Commission

## APPLICATION FOR A PRIVATE INVESTMENT FUND AND MANAGER

FULL NAME AND ADDRESS OF THE PROPOSED MANAGER :  
IF THE MANAGER IS ALREADY LICENSED PLEASE PROVIDE THE RELEVANT CRM REFERENCE:

NAME OF THE PROPOSED PRIVATE INVESTMENT FUND:

OPEN OR CLOSED ENDED SCHEME:

IF RELEVANT, NAMES OF PROPOSED CELLS /SUB FUNDS:

NAMES OF DIRECTORS OF PROPOSED MANAGER:

NAMES OF MLRO AND COMPLIANCE OFFICER OF PROPOSED MANAGER:

NAMES OF DIRECTORS OF PROPOSED FUND:

NAME OF ADMINISTRATOR OF PROPOSED FUND:

NAME OF CUSTODIAN OF PROPOSED FUND (IF APPLICABLE):

BRIEF DESCRIPTION OF INVESTMENT OBJECTIVE:

JURISDICTION(S) IN WHICH MARKETING AND/OR MANAGEMENT IS TO BE CONDUCTED:

THE PROPOSED MANAGER WILL BE LICENSED FOR THE RESTRICTED ACTIVITY OF MANAGEMENT. PLEASE INDICATE  
HERE IF THE PROPOSED MANAGER REQUIRES ANY OTHER RESTRICTED ACTIVITIES:

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:**

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 outlined in the Guidance Notes to The Private Investment Fund Rules 2016.
4. We have submitted all relevant online PQ and Appointment Forms 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.
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.

Name of first signatory:

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 functions.

**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.

**Note 2:** For existing licensed Managers and/or existing registered collective investment schemes electing to become private investment funds no additional application fee will apply.

**DECLARATIONS BY THE PROPOSED ADMINISTRATOR (DESIGNATED MANAGER) OF THE PRIVATE INVESTMENT FUND:**

1. I confirm that we will accept our appointment as proposed administrator (designated manager) of the private investment fund.
2. I confirm that we, as proposed administrator (designated manager) 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.
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.

Name of first signatory:

Position: (see Note 1)

Signature:

Name in block capitals:

Date:

Contact telephone number:

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

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**Note 1:** This application form must be signed by one of the directors of the proposed administrator (designated manager) or in relation to an unincorporated body, any member of the committee or similar governing body.