

**ISLE OF MAN GOVERNMENT
FINANCIAL SUPERVISION COMMISSION**

**RECOGNITION OF COLLECTIVE INVESTMENT SCHEMES
PARAGRAPH 2 OF SCHEDULE 4 TO
THE COLLECTIVE INVESTMENT SCHEMES ACT 2008**

**APPLICATION BY A COLLECTIVE INVESTMENT SCHEME FOR AN ORDER
DECLARING IT TO BE A RECOGNISED SCHEME IN THE ISLE OF MAN**

Completed Forms together with any supporting material should be returned to:

*Financial Supervision Commission
PO Box 58
Finch Hill House
Bucks Road
DOUGLAS
Isle of Man IM99 1DT*

APPLICATION FOR RECOGNITION

Please read the questions carefully before completing this form. If more space is needed the answers should be written on a separate sheet of paper with the heading, "continuation

of answer to question.....section.....”. Answers should be written in ink in BLOCK CAPITALS or typed.

The staff of the Commission are available to be consulted on a formal or an informal basis in the course of the preparation of an application for recognition and will try to give the appropriate guidance where it is sought. However, in order that the role of the staff of the Commission is not misunderstood, the Commission wishes to emphasise that:

1. the preparation and submission of an application for recognition is the responsibility of the applicant;
2. the decision whether or not a scheme shall be recognised is the responsibility of the Commission; and
3. the Commission normally takes legal advice on questions of law that confront it and applicants for recognition must similarly be prepared to seek legal advice on questions of law that confront them.

SECTION A

DETAILS OF THE SCHEME

<p>A1. NAME OF SCHEME [Explain reason for the name chosen if that name is not clear from the name of the operator or the purposes of the Scheme.]</p>

<p>A2. LEGAL FORM OF SCHEME</p>

<p>A3. DESCRIPTION OF THE PURPOSES OF THE SCHEME [Include investment objectives (e.g. capital growth or income), current or proposed investment policy (e.g. specialisation in geographical or industrial sectors) and any current or proposed limitations to that policy.]</p>

<p>A4. OUTLINE OF HOW THE PURPOSES OF THE SCHEME IN A3 ABOVE ARE TO BE ACHIEVED [Include an indication of any techniques and instruments or borrowing powers, which may be used.]</p>

A5. TYPE OF SCHEME

A6. CURRENT GROSS YIELD OR ESTIMATE OF GROSS INITIAL YIELD
[Describe how the estimate has been arrived at.]

A7. STATE THE BASE CURRENCY OF THE SCHEME. IF THAT CURRENCY IS NOT
STERLING, STATE WHETHER UNITS ARE REDEEMABLE IN STERLING

A8. DURATION OF SCHEME OR COMPANY IF IT IS LIMITED

A9. CURRENT OR INTENDED INITIAL LEVEL OF ALL THE MANAGER'S CHARGES IN RESPECT OF THE SCHEME
(i) Preliminary Charges
(ii) Periodic Charges
(iii) All Other Charges

A10. MAXIMUM PERMITTED LEVEL OF ALL THE MANAGER'S CHARGES
(i) Preliminary Charges
(ii) Periodic Charges
(iii) All Other Charges

A11. DETAILS OF ANY POWER TO VARY THE MANAGER'S CHARGES

A12. IF THERE IS A SEPARATE TRUSTEE OR FIDUCIARY CUSTODIAN WHOSE CHARGES ARE CHARGEABLE TO THE SCHEME, STATE THE:

(i) Name and role of that separate body

(ii) Current level of the charges

(iii) Maximum permitted level, if any, of the charges

(iv) Details of any power to vary the charges

A13. ANY FEATURES OF THE SCHEME WHICH IN THE VIEW OF THE OPERATOR WOULD BE CONSIDERED IN THE ISLE OF MAN AS UNUSUAL OR WOULD NOT BE PERMITTED FOR AN AUTHORISED COLLECTIVE INVESTMENT SCHEME (AUTHORISED UNDER SCHEDULE 1 TO THE COLLECTIVE INVESTMENT SCHEMES ACT 2008)

A14. ADDRESS WHERE THE REGISTER OF PARTICIPANTS IS TO BE KEPT

A15. NAME AND ADDRESS OF THE AUDITOR OF THE SCHEME

A16. GIVE FULL DETAILS OF THE SCHEME'S ARRANGEMENTS, IF ANY, FOR THE REDEMPTION OF UNITS AND/OR THE SALE OF UNITS THROUGH AN INVESTMENT EXCHANGE

A17. INDICATE HOW THESE ARRANGEMENTS, IF ANY, PROVIDE FOR THE UNITS TO BE REDEEMED OR SOLD AT A PRICE RELATED TO THE NET VALUE OF THE PROPERTY TO WHICH THE UNITS RELATE

A18. CONFIRM THAT THE SCHEME IS NOT OF A TYPE COVERED BY A DESIGNATION ORDER (MADE UNDER PARAGRAPH OF SCHEDULE 4 TO THE COLLECTIVE INVESTMENT SCHEMES ACT 2008) i.e. Schemes of a type authorised in designated countries or territories)

A19. STATE WHETHER THE SCHEME IS AUTHORISED BY ANY GOVERNMENT OR REGULATORY BODY AND/OR IS GOVERNED BY THE LEGISLATION OF ANY COUNTRY OUTSIDE THE ISLE OF MAN. IF SO, PROVIDE FULL DETAILS

A20. PROVIDE THE ADDRESS OF THE PLACE IN THE ISLE OF MAN WHERE SCHEME FACILITIES FOR THE PUBLIC WILL BE MAINTAINED (see Guidance Notes)

A21. PROVIDE THE ADDRESS OF THE PLACE IN THE ISLE OF MAN OR UNITED KINGDOM WHERE SCHEME FACILITIES FOR PARTICIPANTS WILL BE MAINTAINED [see Guidance Notes]

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A22. PROVIDE THE ADDRESS OF THE PLACE IN THE ISLE OF MAN OR UNITED KINGDOM WHERE SCHEME FACILITIES FOR HOLDERS OF BEARER CERTIFICATES WILL BE MAINTAINED [see Guidance Notes]

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A23. PROVIDE THE ADDRESS OF THE PLACE IN THE ISLE OF MAN WHERE SCHEME FACILITIES FOR COMPLAINTS WILL BE MAINTAINED [see Guidance Notes]

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A24. STATE WHETHER THERE ARE ANY COMPENSATION OR INDEMNITY ARRANGEMENTS AFFORDING PROTECTION TO PARTICIPANTS

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SECTION B**DETAILS OF THE OPERATOR OR COMPANY**

[In the case of an open-ended investment company references below to the operator should be taken to be references to the company or management company as appropriate.]

B1. NAME OF OPERATOR

B2. ADDRESSES OF OPERATOR'S REGISTERED OFFICE, HEAD OFFICE AND PRINCIPAL PLACE OF BUSINESS IN THE ISLE OF MAN (if any)
(i) Registered office
(ii) Head office (where different to (i) above)
(iii) Principal place of business in the Isle of Man (if any)

B3. DATE AND COUNTRY OF INCORPORATION OF OPERATOR

B4. IF THE OPERATOR IS AUTHORISED BY OR SUBJECT TO ANY REGULATION FROM ANY GOVERNMENT OR REGULATORY BODY, PROVIDE DETAILS BELOW

B5. NAME AND ADDRESS OF THE MOST SENIOR INDIVIDUAL RESPONSIBLE FOR COMPLIANCE IN RESPECT OF THE OPERATOR'S OPERATIONS IN THE ISLE OF MAN

B6. IF THE OPERATOR IS NOT AN "AUTHORISED PERSON", PROVIDE THE NAME AND ADDRESS OF A REPRESENTATIVE IN THE ISLE OF MAN WHO IS AN "AUTHORISED PERSON" AND HAS POWER TO ACT GENERALLY FOR THE OPERATOR AND TO ACCEPT SERVICE OF NOTICES AND OTHER DOCUMENTS ON HIS BEHALF [see Guidance Notes]

B7. DETAILS OF ANY FACT, ARRANGEMENT, RELATIONSHIP OR CIRCUMSTANCE WHICH IN THE VIEW OF THE OPERATOR, COMPROMISES OR WHICH AT ANY STAGE MIGHT COMPROMISE, THE INDEPENDENCE OF THE OPERATOR FROM ANY TRUSTEE OR CUSTODIAN

B8. DIRECTORS OF OPERATOR
 [List below all the current directors of the operator, identifying the Chairman, Chief Executive or Managing Director and any other directors with specific duties. Non-executive directors should be indicated as such by noting NE under title].

FULL NAME	TITLE/DUTIES	COUNTRY OF RESIDENCE & DATE OF APPOINTMENT

B9. GROUP STRUCTURE	
<p>(i) Is the operator part of a group of companies?</p> <p>If YES, a “family tree” should be submitted covering the whole of the group, and showing percentage size of holdings.</p>	*YES/NO
<p>(ii) Does the operator have any other controller not identified in the “family tree” supplied under (i) above</p> <p>If YES, give the following details in respect of each such controller:-</p> <ul style="list-style-type: none"> - Name - Names of directors or partners - Address of registered and/or principal office - Principal activities - Percentage of voting power which the controller can exercise, or control the exercise of, at any general meeting of the operator <p>(*delete whichever is not applicable)</p>	*YES/NO

<p>B10. IF THIS APPLICATION IS IN RESPECT OF AN OPEN-ENDED INVESTMENT COMPANY, STATE AND EXPLAIN IN FULL THE RELATIONSHIP BETWEEN THE OPEN-ENDED INVESTMENT COMPANY AND THE PERSON(S) RESPONSIBLE FOR THE MANAGEMENT OF THE PROPERTY OF THE SCHEME</p>

<p>B11. NAMES OF ANY OTHER COLLECTIVE INVESTMENT SCHEMES MANAGED BY THE OPERATOR, OR IN THE CASE OF AN OPEN-ENDED INVESTMENT COMPANY BY THE PERSON(S) RESPONSIBLE FOR THE MANAGEMENT OF THE SCHEME</p>

SECTION C

DETAILS OF THE TRUSTEE OR FIDUCIARY CUSTODIAN

C1. NAME OF TRUSTEE OR FIDUCIARY CUSTODIAN

C2. LEGAL FORM OF TRUSTEE OR FIDUCIARY CUSTODIAN

C3. ADDRESSES OF THE TRUSTEE'S OR FIDUCIARY CUSTODIAN'S REGISTERED OFFICE, HEAD OFFICE AND PRINCIPAL PLACE OF BUSINESS IN THE ISLE OF MAN (if any)

(i) Registered office

(ii) Head office (where different to (i) above)

(iii) Principal place of business in the Isle of Man (if any)

C4. DATE AND COUNTRY OF INCORPORATION OF TRUSTEE OR FIDUCIARY CUSTODIAN

C8. GROUP STRUCTURE		
<p>(i) Is the trustee/fiduciary custodian part of a group of companies?</p> <p>If YES, a “family tree” should be submitted covering the whole of the group, and showing percentage size of holdings.</p>	*YES/NO	
<p>(ii) Does the trustee/fiduciary custodian have any other controller not identified in the “family tree” supplied under (i) above</p> <p>If YES, give the following details in respect of each such controller:-</p> <ul style="list-style-type: none"> - Name - Names of directors or partners - Address of registered and/or principal office - Principal activities - Percentage of voting power which the controller can exercise, or control the exercise of, at any general meeting of the trustee/custodian <p>(*delete whichever is not applicable)</p>	*YES/NO	

D4. IF THE INVESTMENT ADVISER IS AUTHORISED BY OR SUBJECT TO ANY REGULATION FROM ANY GOVERNMENT OR REGULATORY BODY, PROVIDE DETAILS BELOW

D5. PROVIDE BELOW THE MAIN DETAILS OF THE AGREEMENT OR ARRANGEMENT BETWEEN THE SCHEME AND INVESTMENT ADVISER

SECTION E
DETAILS OF THE REGISTRAR

E1. NAME OF REGISTRAR

E2. LEGAL FORM OF REGISTRAR

E3. ADDRESSES OF REGISTRAR'S REGISTERED OFFICE, HEAD OFFICE AND PRINCIPAL PLACE OF BUSINESS IN THE ISLE OF MAN (if any)
(i) Registered office
(ii) Head office (where different to (i) above)
(iii) Principal place of business in the Isle of Man (if any)

E4. IF THE REGISTRAR IS AUTHORISED BY OR SUBJECT TO ANY REGULATION FROM ANY GOVERNMENT OR REGULATORY BODY, PROVIDE DETAILS BELOW

E5. PROVIDE BELOW THE MAIN DETAILS OF THE AGREEMENT OR ARRANGEMENT BETWEEN THE SCHEME OR TRUSTEE/CUSTODIAN AND THE REGISTRAR

SECTION F

OTHER INFORMATION

THE FOLLOWING INFORMATION AND DOCUMENTS SHOULD BE PROVIDED WITH THIS APPLICATION:

- F1. A COPY OF THE DOCUMENT(S) CONSTITUTING THE SCHEME. IN THE CASE OF AN OPEN-ENDED INVESTMENT COMPANY A COPY OF THE COMPANY'S MEMORANDUM AND ARTICLES, STATUTORY DOCUMENTS OR OTHER INSTRUMENTS OF INCORPORATION.
- F2. IF NOT INCLUDED IN F1 ABOVE, A COPY OF THE RULES OF THE SCHEME.
- F3. A COPY OF ANY OTHER DOCUMENT AFFECTING THE RIGHTS OF PARTICIPANTS IN THE SCHEME.
- F4. A COPY OF THE PROSPECTUS OR ANY SIMILAR DOCUMENT GIVING DETAILS OF THE SCHEME.
- F5. A COPY OF THE LATEST ANNUAL REPORT AND ANY SUBSEQUENT HALF-YEARLY REPORT OF THE SCHEME.
- F6. DETAILS OF ANY COMPENSATION OR INDEMNITY ARRANGEMENTS AFFORDING PROTECTION TO PARTICIPANTS.
- F7. AN EXPLANATION (REFERRING TO ITEMS F1-6 AS APPROPRIATE) INDICATING WHY IT IS CONSIDERED THAT THE SCHEME AFFORDS ADEQUATE PROTECTION TO PARTICIPANTS AND MAKES ADEQUATE PROVISION FOR THE MATTERS SPECIFIED IN APPENDIX 2 OF THE SCHEDULE TO THE AUTHORISED COLLECTIVE INVESTMENT SCHEMES REGULATIONS 2010.
- F8. A COPY OF ANY RELEVANT SCHEME AUTHORISATION ORDER OR CERTIFICATE ISSUED BY THE GOVERNMENT OR REGULATORY BODY IN THE COUNTRY IN WHICH THE SCHEME IS AUTHORISED OR REGISTERED.
- F9. A COPY OF THE OFFERING DOCUMENT PREPARED IN ACCORDANCE WITH REGULATION 4 OF THE COLLECTIVE INVESTMENT SCHEMES (RECOGNISED SCHEMES) (OFFERING DOCUMENT) REGULATIONS 2011.

DECLARATION

The applicant should notify the Commission of any other information which is material to this application and must notify the Commission immediately of any material changes in the information provided in this application which occur after the date of submission of the application and prior to the applicant receiving notification of the Commission's decision concerning the application, or, if later, the date from which an Order is granted.

This declaration must be signed for and on behalf of the scheme's Governing Body.

I declare that the information supplied in Sections A, B, C, D, E and F is complete and correct to the best of my knowledge at the time of application.

For an on behalf of the scheme's Governing Body

Signed

Name in BLOCK CAPITALS

Position

Dated this day of 20 .

Person dealing with this application, in BLOCK CAPITALS

COMPANY OF GOVERNING BODY

Name

Address

Telephone No.

Position in Company

It should be noted that (by virtue of Section 18 of the Collective Investment Schemes Act 2008 [the Act]) a person commits an offence if for the purposes of or in connection with any application under the Act he furnishes information which he knows to be false or misleading in a material particular or recklessly furnishes information which is false or misleading in a material particular. A person guilty of such an offence is liable:

- (a) on summary conviction to a fine not exceeding £5,000 or to custody for a term not exceeding 6 months, or to both;
- (b) on conviction on information, to a fine or to custody for a term not exceeding 2 years, or to both.

Completed forms together with any supporting material should be returned to:-

Isle of Man Government
Financial Supervision Commission
PO Box 58
Finch Hill House
DOUGLAS
Isle of Man IM99 1DT

Note: This application must be accompanied by the appropriate application fee in sterling.
The periodical fee should not be remitted at this stage.

Enquiries about an application may be made to the above address or by telephone to 01624-689300.