|  |  |
| --- | --- |
|  |  |
| MALTA FINANCIAL SERVICES AUTHORITY |
| **NAIF Notification Form** |
|  |

|  |
| --- |
|  |
| **High Level Guidelines** |
|  |
|  |
| 1. General

This Notification Form shall be duly filled in by the AIFM / prospective AIFM of the Alternative Investment Fund which intends to be included in the List of Notified AIFs held by the MFSA., in terms of Regulation 6 of the Investment Services Act (List of Notified AIFs) Regulations.In this respect, the AIFM shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The AIFM shall notify the MFSA immediately if the information provided changes in any respect.The AIFM shall note that it is a criminal offence, under Article22(3) and 23 of the Act, to furnish information or to make a statement which one knows to be inaccurate, false or misleading in any material respect, or to recklessly furnish information or to make a statement which is inaccurate, false or misleading in any material respect, pursuant to any of the provisions of this Act or of any Regulations made or of any Rules issued thereunder, or any condition, obligation, requirement, directive or order made or given as aforesaid.The AIFM is required to make reference, and where applicable comply with, the Act, the Regulations made, or Rules issued thereunder during the completion of the Notification Form. The AIFM shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable.The AIFM shall not tamper with, or modify in any manner, this Notification Form or its respective Annexes. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the Notification Form to be invalid. Any potential improvements should be communicated to the MFSA for consideration.The Authority may at its sole discretion request from the AIFM further information/ documentation.1. Definitions

For the purposes of this Notification Form, the definitions identified below should be read in conjunction with the provisions of the Act and other respective national or European regulatory frameworks or other binding regulation as may be applicable.In the event that any of the definitions contained hereunder conflict with a definition under the Act, the definitions set out in the Act or in any other such law shall prevail, unless otherwise specified herein.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **‘Act’** | means the Investment Services Act (Chapter 370 of the Laws of Malta)  |
|  |  |
| **‘Authority’** | means the Malta Financial Services Authority established by the Malta Financial Services Authority Act (Chapter 330 of the Laws of Malta) |
|  |  |
| **‘Primary Business Address’** | shall for the purpose of this Notification Form, mean the AIFM’s head office / operational address  |
|  |  |
| **‘Regulatory framework’** | means the respective National and/or European Regulatory Frameworks or other binding regulation, as may be applicable |
|  |  |

1. Instructions

All the relevant sections within this Notification Form shall be filled in, subsequently printed and sent, originally signed, to the Authority at the following address: **Head – Investment** **Services Supervision** **Malta Financial Services Authority****Triq l-Imdina, Zone 1****Central Business District, Birkirkara****CBD 1010**In order for the Notification Form to be considered complete, and therefore for the prescribed 10 working days to commence, the AIFM is required to have submitted, along with a duly filled Notification Form, all the required documentation as identified within this Notification Form, including the original signed declarations and the notification fee.**MFSA Bank Details:**

|  |  |
| --- | --- |
| *Bank* | *Bank of Valletta plc* |
| *Address* | *229, Fleur-De-Lys Road, Birkirkara BKR9069, Malta* |
| *IBAN* | *MT06VALL22013000000015803811041* |
| *BIC* | *VALL MT MT* |
| *In respect of:* | *Give full details of settlement so that we can allocate payment* |

|  |  |
| --- | --- |
| *Bank* | *HSBC Bank Malta plc* |
| *Address* | *1, Naxxar Road, Birkirkara BKR 9049, Malta* |
| *IBAN* | *MT64MMEB44277000000027070457001* |
| *BIC* | *MMEB MT MT* |
| *In respect of:* | *Give full details of settlement so that we can allocate payment* |

**Please instruct your bankers to transfer full amount due to the MFSA Account. Bank charges are to be incurred by the AIFM.** 1. Privacy Notice

The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>.  |

| * 1. NAIF Details
 |
| --- |
|  | **NAIF Type** |
|  | Person / Vehicle Type | Select item |
|  | **Identification of Incorporated Cell Company within whom the Cell shall be structured***This sub-section is only applicable if the Person Type is an ‘Incorporated Cell of a Recognised Incorporated Cell Company (RICC)’.* |
|  | Name of Incorporated Cell Company | Enter text |  | MFSA Authorisation Number | Enter text |
|  | **NAIF – General and Identification Details**  |
|  | **Identification** |
|  | Status of the NAIF | Formed |
|  | Registered Name | Enter text |
|  | Registered Number *(if applicable)* | Enter text |  | Date of Registration | Enter date |
|  | Name of Registry*(if applicable)* | Malta Business Registry |  | Country of Registration | Malta |
|  | LEI Code *(if applicable)* | Enter text |
|  | **Addresses** |
|  | **Registered Address***Indicate registered address as indicated on the Registration Document.* |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State*(if applicable)* | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | **Primary Business Address** |
|  | Is the Primary Business Address different than the Registered Address?*If ‘Yes’, indicate the Primary Business Address:* | Select item |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State*(if applicable)* | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | **Representation** *Indicate the details of the external / internal representatives of the NAIF and their contact details, as applicable.* |
|  | **External Representative** |
|  | Is the NAIF represented by an external party, other than the AIFM?*If ‘Yes’: Indicate the details of the external representative:*  | Select item |
|  | Representative Entity Name *(if applicable)* | Enter text |
|  | Position | Enter text |
|  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Representative’s Business Email Address | Enter text |
|  | Representative’s Business Direct Number | Enter text |
|  | **Representative within the AIFM** |
|  | Position | Select item |  | If *‘Other’*: Specify Position | Enter text |
|  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Representative’s Business Email Address | Enter text |
|  | Representative’s Business Direct Number | Enter text |

| * 1. Details of the NAIF
 |
| --- |
|  | **Details of the Scheme** |
|  | Is the Notified AIF already included in the List of NAIFs? | Select item |
|  | Indicate the current and proposed Sub-Funds, as applicable:  |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| No. | Name of Sub-Fund | Is the Sub-Fund already included in the List of Notified AIFs? |
|  | Enter text | Select item |
|  |  |  |

*(Add multiple as applicable)* |
|  | **Attachment | Prospectus**Provide a Prospectus containing the minimum contents prescribed in the Investment Services Rules for Investment Services Providers and modelled on the templates provided. |

| * 1. Governance
 |
| --- |
|  | **Third-Party Functionaries** |
|  | **AIFM** |
|  | Name of AIFM | Enter text |
|  | LEI Code *(if applicable)* | Enter text |
|  | *Address* |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State*(if applicable)* | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | *Details of Authorisation Held* |
|  | Indicate the Regulatory Status of the AIFM: |
|  |

|  |  |
| --- | --- |
| 1. An AIFM which is in possession of an Investment Services Licence issued in terms of the Investment Services Act to provide fund management services to AIFs established in Malta, and which has satisfied all post-licencing business conditions imposed by the MFSA.
 | Select item |
| 1. An AIFM authorised to provide services to an AIF established in Malta in accordance with Regulations 6 and 7 of the Investment Services Act (Alternative Investment Fund Manager) (Passport) Regulations.
 | Select item |

  |
|  | If Case ‘*A*’ was selected in 3.1.1.9 above: Indicate: |
|  |

|  |  |
| --- | --- |
| * 1. No changes subject to MFSA approval were necessary to the valuation arrangements of the AIFM
 | Select item |
| * 1. The changes to the valuation arrangements of the AIFM have been approved by the Authority
 | Select item |
| * 1. No changes subject to MFSA approval were necessary to the investment management function of the AIFM
 | Select item |
| * 1. The changes to the investment management function of the AIFM have been approved by the Authority
 | Select item |

 ***Where the AIFM does not deem that changes to the valuation arrangements and/ or investment management function are necessary, the AIFM shall provide a detailed outline of the basis on which the AIFM considers the relevant individuals / entities to be competent to carry out the investment management and/ or valuation function of the AIFM in relation to the nature of the underlying assets of the NAIF, taking into consideration the competence criteria ordinarily adopted by the Authority.*** ***This information shall be submitted together with the documentation outlined in Section 6 of this Notification Form.*** |
|  | If Case ‘*B*’ was selected in 3.1.1.9 above: Provide details of authorisation held: |
|  | Name of Regulatory Body | Select item | If ‘*Other’*: Name of Regulatory Body | Enter text |
|  | Country of Authorisation | Select country | Authorisation Date | Enter date |
|  | Details of authorisation held | Enter text |

| * 1. Anti-Money Laundering & Counter Financing of Terrorism
 |
| --- |
|  | **Money Laundering Reporting Officer** |
|  | **Identification** |
|  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Date of Birth | Enter date |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text |
|  | ID Expiry Date | Enter date |  | Country of Issuance | Select country |
|  | MFSA PQ Code | Enter text |
|  | Is the Money Laundering Reporting Officer a senior official of the NAIF or the MLRO of the Administrator? | Select item |

| * 1. Compliance
 |
| --- |
|  | **Compliance Officer** |
|  | **Identification** |
|  | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Date of Birth | Enter date |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text |
|  | ID Expiry Date | Enter date |  | Country of Issuance | Select country |
|  | MFSA PQ Code | Enter text |

| * 1. Declaration Form
 |
| --- |
| *This Declaration Form should be signed by the signatories vested with legal representation of the AIFM.* |
| The undersigned, on behalf of AIFM, declare that:1. Notification Form Submission and Authorisation Requirements
	1. the AIFM has duly authorised the undersigned to complete and submit this Notification Form to the MFSA;
	2. the AIFM is aware of the requirements under the provisions of the Act and other respective national or European Regulatory Frameworks or other binding regulation as may be applicable;
2. Internal Arrangements

*Valuation Arrangements*The AIFM confirms that the valuation policies:1. ensure a fair, appropriate and transparent valuation methodology for each type of asset, in accordance with applicable national law, with the NAIF rules and with the instruments of incorporation;
2. provide for inputs, models and selection criteria for pricing and for market data sources;
3. provide that prices be obtained from independent sources;
4. address the competence and independence of personnel carrying out the valuation process; and
5. identify the obligations, roles and responsibilities of all parties involved in the valuation process.

The AIFM also confirms that it has verified that the method and frequency applied to the calculation and publication of the NAV for the NAIF is in accordance with Articles 72 and 74 of the Commission Delegated Regulation. *Depositary Arrangements*The AIFM confirms that:1. the depository contractual arrangement is in place for the NAIF listed;
2. the contents of the depositary agreement of the NAIF reflects the requirements of Article 21 of the Directive and Chapter IV of the Commission Delegated Regulation; and
3. the Authority may contact the indicated depositaries in order to discuss the depositary arrangements that are in place in respect of the NAIF as required.

*Transparency and Disclosure Requirements*The AIFM confirms that the prospectus/ offering document of the NAIF under management is in line with transparency  and disclosure requirements in accordance with Article 22 and 23 of the Directive.1. Information Provided to Authority
	1. the information given in answer to the questions within this Notification Form is complete and accurate to the best of our knowledge, information and belief and that there are no other facts relevant to this Form of which the Authority should be aware;
	2. the AIFM has not tampered with, or modified in any manner, this Notification Form or its respective Annexes, and understands that such tampering with, or modification in any manner of these documents will result in a refusal of this submission;
	3. there are no inconsistencies between the provisions of the Constitutional Documents, the documents submitted with this Notification Form (where applicable) and the information given in answer to the questions within this Form;
	4. the MFSA will be notified immediately if the information given in answer to the questions within this Notification Form changes and/or affects the completeness or accuracy of this Form; and
	5. the following documentation as indicated in the below have been submitted together with this Notification Form:

|  |
| --- |
| Checklist of Documentation to be Submitted with the Notification Form |
|  | Notification Fee | Select item |
|  | Annex II*A resolution by the governing body of the NAIF certifying that the prospectus has the minimum contents prescribed in the Investment Services Rules for Investment Services Providers and modelled on the templates provided* | Select item |
|  | Annex III*A self-certification by the AIFM certifying that, having regard to any delegate manager(s) or advisers it has in place, it has the necessary competence and experience to manage the NAIF and monitor effectively any delegate* | Select item |
|  | Annex IV*A joint declaration by the AIFM and the governing body of the NAIF by which the AIFM undertakes responsibility for the NAIF, including, inter alia, the regulatory obligations arising under the AIFMD;* | Select item |
|  | Annex V*A declaration by the AIFM confirming that it has carried out the necessary due diligence with regard to the service providers of the NAIF and the governing body of the NAIF.* | Select item |
|  | Annex VI*Where the AIFM does not deem that changes to the valuation arrangements and/or investment management function are necessary, a detailed outline of the basis on which the AIFM considers the relevant individuals/ entities to be competent to carry out the investment management and/or valuation function of the AIFM in relation to the nature of the underlying assets of the NAIF, taking into consideration the competence criteria ordinarily adopted by the Authority.* | Select item |
|  | Prospectus | Select item |

1. Representatives and Disclosure
	1. the MFSA is hereby being authorised to contact the representatives provided by the AIFM under Section 1 of this Notification Form;
	2. the MFSA is hereby being authorised to make such enquiries as it may consider necessary in connection with this Notification Form; and
	3. the MFSA is hereby being authorised to contact any or all of the above-named or any other person considered by the Authority to be relevant, both at the date of application and at any time in the future unless and until I/we rescind this authority in writing.
2. Privacy Notice
	1. I/we have read and understood the [MFSA Privacy Notice](https://www.mfsa.mt/privacy-notice/)[[1]](#footnote-2) and the terms and conditions included therein.
 |
|  |  |  |
| Name  | Enter text | Surname | Enter text |
| Position | Enter text |
| Date  | Enter date |
|  |  |

*(Add multiple as applicable)*

1. For further information visit: <https://www.mfsa.mt/privacy-notice/> [↑](#footnote-ref-2)