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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms** |
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| **Form AA36: Professional Investor Fund Application Form** |
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| **High Level Guidelines** |
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| 1. General   This form, Form **AA36:** **Professional Investor (PIF) Fund Application Form** (‘Application’), shall be duly filled in by the persons wishing to obtain authorisation under Article 6 of the Investment Services Act (Chapter 370 of the laws of Malta).  In this respect, the Applicant shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The Applicant shall notify the MFSA immediately if the information provided changes in any respect either prior to or subsequent to authorisation.  The Applicant 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 Applicant is required to make reference, and where applicable comply with, the Act, the Regulations made, or Rules issued thereunder during the completion of the Application. The Applicant shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable.  The Applicant shall not tamper with, or modify in any manner, this Application or its respective Annexes. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the Application to be invalid. Any potential improvements should be communicated to the MFSA for consideration.  The Authority may at its sole discretion request from the Applicant further information/ documentation.   1. Definitions   For the purposes of this Application, the definitions found on the [MFSA website](https://www.mfsa.mt/wp-content/uploads/2022/11/AX22-Investment-Services-Definition.docx) 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 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.   1. Instructions   The Applicant is required to complete all the respective sections under all the three parts of the Application, as follows:   * + Part 1 – Applicant Details   + Part 2 – Activity & Method of Operations   + Part 3 – Declaration Form   Applicants are to note that further instructions in relation to the Application may be found on the Guidelines to the Authorisation Forms ([link](https://www.mfsa.mt/wp-content/uploads/2021/05/AG01-Applications-Guidelines.pdf)). It is noted that the Application should reflect the Applicant’s structure and method of operations at time of authorisation.  Following submission of the Application via the LH Portal, the Declaration Form (Part 3 of this Application) should be printed and sent, originally signed, to the Authority. In the printed Declaration Form, the Applicant is reminded to enter the Application ID, which is provided automatically through the LH Portal upon on-line submission of the Application. It is to be noted that only this Declaration Form should be sent physically to the Authority. Further instructions can be found in the Declaration Form itself.  In order for the Application to be considered complete, the Applicant is required to have submitted, along with a duly filled Application, all the required documentation as identified within this Application.   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. Disclaimer   It is noted that the submission of this Application and/or its determination of ‘completeness’ shall not be construed as a granting of Authorisation by the MFSA. Furthermore, the Applicant is referred to Article 4(A) of the MFSA Act, wherein the granting of an Authorisation is a concession and a revocable privilege, and no holder thereof shall be deemed to have acquired any vested rights therein or thereunder. |

| * 1. Applicant Details | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Applicant Person Type** | | | | | | |
|  | Person Type | Select item | | | | | |
|  | **Identification of the 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 an Incorporated Cell Company (ICC)’ or an ‘Incorporated Cell of a Recognised Incorporated Cell Company (RICC)’.* | | | | | | |
|  | Name of ICC or RICC | Enter text | |  | | MFSA Authorisation Number | Enter text |
|  | **Applicant – General and Identification Details** | | | | | | |
|  | **Identification** | | | | | | |
|  | Proposed Registered Name | Enter text | | | | | |
|  | **Addresses** | | | | | | |
|  | **Proposed Registered Address**  *Kindly indicate proposed registered 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 |
|  | **Representation**  *Indicate the details of the external / internal representatives of the Applicant and their contact details, as applicable.* | | | | | | |
|  | **External Representative** | | | | | | |
|  | Is the Applicant represented by an external party?  *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 | | | | |
|  | **Internal Representative** | | | | | | |
|  | 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. Applicant Structure and Regulatory History | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Constitutional Documentation** | | | | | |
|  | **Attachment | Constitutional Document**  *Provide a copy of the Constitutional Document. If the Applicant is still in formation, provide a draft version of the document.* | | | | | |
|  | **Group Structure** | | | | | |
|  | **Confirmation** | | | | | |
|  | Is the Applicant part of, or will the Applicant be part of a group structure? | | | Select item | | |
|  | **Group Structure** | | | | | |
|  | **Attachment | Group Structure Diagram**  Provide a diagram illustrating:   * 1. The Share Holding Structure of the Applicant   2. The direct and/or indirect ownership of a sufficient percentage of shares, voting rights or ownership interest held by the Applicant in other Legal Persons. | | | | | |
|  | **Shareholding Structure** | | | | | |
|  | **Publicly Traded and Listed Shareholding**  This sub-section is only applicable where the Applicant will have any of its Shareholding publicly listed and traded on a trading venue locally and/or abroad. | | | | | |
|  | Does the Applicant intend to seek a listing on a regulated market? | | | | | Please Select |
|  | If yes, the listing will be: | | | | | Please Select |
|  | Name of the regulated market on which the Applicant intends to seek a listing: | | | | | Enter text |
|  | **Qualifying Founder Shareholders Identification**  Provide details on the Applicant’s Qualifying Founder Shareholders, within the respective section applicable to either Natural Persons or Legal Persons | | | | | |
|  | **Qualifying Shareholders - Natural Persons** | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Qualifying Shareholder – Natural Person | | | | | 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 | | Type of Holding | Select item | | | | Aggregate Percentage Holding | Enter text | | | | Aggregate Percentage Control | Enter text | | | | Does the person qualify as a Beneficial Owner? | Select item | | | | Will the person be involved in the day-to-day running of the Applicant  *(or Group, if applicable)*? | | | Select item | | Explain the nature of the involvement | Enter text | | | | MFSA PQ Code | Enter text | | | |  | | | | |  | | | |   *(Add multiple as applicable)* | | | | | |
|  | **Qualifying Shareholders – Legal Persons** | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Qualifying Shareholder – Legal Person | | | | | Legal Person Form | Select item | If ‘*Other*’:  Type of Form | Enter text | | Registered Name | Enter text | Registered Number | Enter text | | Type of Holding | Select item | | | | Aggregate Percentage Holding | Enter text | | | | Aggregate Percentage Control | Enter text | | | | Will the person be involved in the day-to-day running of the Applicant  *(or Group, if applicable)*? | | | Select item | | Explain the nature of the involvement | Enter text | | | | **Attachment | MFSA Annex - AX01 Corporate Questionnaire**  Applicable to Direct and Ultimate Parent Qualifying Shareholders only | | | | |  |  | | |   *(Add multiple as applicable)* | | | | | |
|  | **Regulatory History**  *Note – For the purposes of this Section, Authorisation as Type of Regulatory History shall mean: “any type of official recognition (such as Licensing, Registration, Recognition, etc) by a Regulatory Body”. (An indicative list of Regulatory Bodies is provided).* | | | | | |
|  | **Applicant Regulatory History**  This sub-section relates to Applications submitted to, and/or Authorisations held with, the MFSA and/or any other Regulatory Authority by the Applicant | | | | | |
|  | Does the Applicant hold an authorisation or did the Applicant ever apply to be authorised by the MFSA or any other Regulatory Authority for any activity? | | | | Select item | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Applicant – Regulatory History | | | | | Type of Regulatory History | Select item | | | | Type of Activity | Select item | If ‘*Other*’:  Type of Activity | Enter text | | Name of Regulatory Body | Select item | | | | If ‘*Other*’:  Name of Regulatory Body | Enter text | | | | *If ‘Application’, provide respective details:* | | | | | Status of Application | Select item | | | | Application Submission Date | Enter date | | | | Application Withdrawal / Refusal Date | Enter date | | | | Reason for Withdrawal / Refusal | Enter text | | | | *If ‘Authorisation’, provide respective details:* | | | | | Status of Authorisation | Select item | | | | Authorisation Date | Enter date | | | | Authorisation Suspension / Surrender / Revocation Date | Enter date | | | | Reason for Suspension / Surrender / Revocation | Enter text | | | |  | | | | | *(Add multiple as applicable)* | | | | | | | | | |
|  | **Associations to Other Entities which submitted Applications, and/or hold Authorisations with, the MFSA and/or any other Regulatory Authority** | | | | | |
|  | Does the Applicant have any association with any other entity within its Group, except for its Qualifying Shareholding, that is authorised, or has ever applied to be authorised, by the MFSA or any other Regulatory Authority for any activity? | | | | Select item | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Association – Regulatory History | | | | | Association Details | | | | | Type of Association | Select item | If ‘*Other*’:  Specify type | Enter text | | If ‘*Other*’:  Provide an explanation into the nature of association | Enter text | | | | *Legal Person Identification* | | | | | Legal Person Form | Select item | If ‘*Other*’:  Type of Form | Enter text | | Registered Name | Enter text | | | | Registered Number | Enter text | Date of Registration | Enter date | | Name of Registry | Enter text | Country of Registration | Select country | | *Regulatory History of the Association* | | | | | |  |  |  |  | | --- | --- | --- | --- | | * + 1. Regulatory History | | | | | Type of Regulatory History | Select item | | | | Type of Activity | Select item | If ‘*Other*’:  Type of Activity | Enter text | | Name of Regulatory Body | Select item | | | | If ‘*Other*’:  Name of Regulatory Body | Enter text | | | | *If Application, provide respective details:* | | | | | Status of Application | Select item | | | | Application Submission Date | Enter date | | | | Application Withdrawal / Refusal Date | Enter date | | | | Reason for Withdrawal / Refusal | Enter text | | | | *If Authorisation, provide respective details:* | | | | | Status of Authorisation | Select item | | | | Authorisation Date | Enter date | | | | Authorisation Suspension / Surrender / Revocation Date | Enter date | | | | Reason for Suspension / Surrender / Revocation | Enter text | | | |  | | | | | *(Add multiple as applicable)* | | | | | | | | |  | | | | |  | | | | | *(Add multiple as applicable)* | | | | | | | | | |
|  | **Significant Events & Integrity Confirmations** | | | | | |
|  | Has the Applicant, if already Formed, or any of its subsidiaries, ever: | | | | | |
|  | Case A | been investigated, in the process of being investigated or is aware of investigations that will be initiated at some point in time by any Authority, regulatory, judicial or professional body whether in Malta or abroad?  *(This includes Court Orders and excluding investigations conducted in the course of normal monitoring and surveillance procedures which had no adverse findings)* | | | Select item | |
|  | Case B | been subject to criticism, censures, disciplinary actions, suspension, expulsion or administrative breaches by any Authority, regulatory, judiciary or professional body whether in Malta or abroad? | | | Select item | |
|  | Case C | been subject to any other formal complaints made against it by its clients or former clients which have been resolved in favour of the complainant by a non-judicial third party? | | | Select item | |
|  | Case D | been subject to any criminal conviction or civil penalty:   * + in respect of carrying out any authorised/ unauthorised regulated activity (if applicable);   + in respect of any natural person in the process of application; and/or   + in respect of any legal person in the process of application? | | | Select item | |
|  | Case E | have any books and records requisitioned or seized by any court, Authority, regulatory, judicial or professional body whether in Malta or abroad? | | | Select item | |
|  | Case F | been subject to any unsatisfied judgments or awards outstanding? | | | Select item | |
|  | Case G | been assessed as not of going concern or subject to a declaration of a moratorium of any indebtedness, to a restructuring or reorganisation process affecting its creditors, including measures involving the possibility of a suspension of payments, suspension of enforcement measures or reduction of claims, to a dissolution, to winding-up proceedings, or to administration or other insolvency or similar proceedings? | | | Select item | |
|  | Case H | have any out-of-court settlements reached with any other legal or natural person, having regard to the monetary terms of the settlements or/and the circumstances in which they have been reached? | | | Select item | |
|  | If any of the above apply, provide details and evidence as necessary for each respective case | | |  |  |  | | --- | --- | --- | | Case | Select item | | | Person Involved | Select item | | | If ’*Subsidiary’:* Name of Person Involved | Enter text | | | Status of Case | Select item | | | Name of the relevant criminal court, civil or administrative authority | Enter text | | | Country of the relevant criminal court, civil or administrative authority | Select country | | | Date of the event | Enter date | | | An explanation of the circumstances surrounding the Case | Enter text | | | | If ‘*Concluded’*: Case Outcome | Enter text | | | The amount involved and Respective Currency *(if applicable)* | Select item | Enter text | | **Attachment | Case Evidence**  *Provide case evidence as applicable* | | | |  |  | | |   *(Add multiple as applicable)* | | | |
|  | **Sanctions and Restrictive Measures** | | | | | |
|  | Has the Applicant, or any Natural or Legal Persons with whom it has ties (both directly and indirectly), whether in Malta or abroad, been placed under a list of sanctions or restrictive measures of any nature?  *Note - not applicable for Natural or Legal Persons who are required to submit a Personal Questionnaire or a Corporate Questionnaire* | | | | Select item | |
|  | If ‘Yes’: Provide the following detail for each respective case: | | |  |  |  | | --- | --- | --- | | Person Involved | | Select item | | If ‘*Natural Person’* or ‘*Legal Person’:* | Full Name | Enter text | | Relationship with Applicant | Enter text | | Sanctioning Body | | Enter text | | Resolution Number | | Enter text | | Reason | | Enter text | | Mitigating Rationale | | Enter text | |  | |  |   *(Add multiple as applicable)* | | | |

| **PART 2**   1. Business Model, Strategy and Activity | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **Rationale** | | | |
|  | Explain the Applicant’s rationale for this application and the rationale for applying for authorisation in Malta. | | | |
|  | Enter text | | | |
|  | **Business Strategy** | | | |
|  | **Outline of Strategy** | | | |
|  | Kindly identify the investment strategies that will be followed by the Applicant in accordance with Annex IV of the Commission Delegated Regulation (EU) 231/2013. | | | |
|  | Enter Text | | | |
|  | **Organisational Structure**  *This sub-section is only applicable for Self-Managed Schemes* | | | |
|  | **Attachment | Organigram**  Provide an organigram of the Applicant for the first three (3) years of operations | | | |
|  | **Details of the Scheme** | | | |
|  | Indicate whether the Scheme will be open-ended or closed-ended | Select item | | |
|  | Indicate how the Scheme will be managed | Select item | | |
|  | Indicate how the scheme will be established and/or marketed: | | | Select item |
|  | Indicate the base currency of the Scheme | Select item | | |
|  | Will the Scheme issue classes of shares constituting Sub-Funds? | | | Select item |
|  | If ‘*Yes’*: Indicate: | | | |
|  | Number of Sub-Funds to be established | Enter Text | Will the Sub-Funds constitute separate patrimonies? | Select item |
|  | Will the scheme be established with Incorporated Cells? | Select item | If *‘Yes’:* Number of Cells to be established | Enter Text |
|  | **Attachment | Prospectus**  Provide the Offering Memorandum & Offering Supplements of the Scheme | | | |
|  | **Attachment |** *(whichever applicable)*  **MFSA Annex – AX15 – PIFs Checklist**. | | | |

| **PART 2**   1. Governance | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Management Body** | | | | | | | | | | | | |
|  | **Management Body Structure**  *The responses provided in this sub-section should be in accordance with the document establishing and governing the Applicant’s Management Body.* | | | | | | | | | | | | |
|  | Provide an assessment indicating how the Applicant’s Management Body has the required diversity of knowledge, judgement, and experience to effectively carry out its function/s. | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | Provide an assessment indicating how the mix of executives, non-executives and independent persons proposed on this Management Body is adequate taking into account the nature, scale and complexity of the business. | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | Total Number of Members on the Management Body | | Enter text | | | | | | | | | | |
|  | Minimum Number of Members on the Management Body | | Enter text | | | | | | | | | | |
|  | Number of Members required to constitute a quorum | | Enter text | | | | | | | | | | |
|  | In the case of a deadlock, who can exercise a casting vote? | | Enter text | | | | | | | | | | |
|  | **Proposed Members of the Management Body** | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | * 1. Proposed Member of the Management Body | | | | | | | | *Role within Management Body* | | | | | | | | Type | Select item | | If ‘*Formed*’: Status | Select item | | | | | *Identification* | | | | | | | | Title | Select item | | | | | | | Name | Enter text | | Surname | Enter text | | | | Date of Birth | Enter date | | | | | | | ID Type | Select item | | ID Number | Enter text | | | | ID Expiry Date | Enter date | | Country of Issuance | Select country | | | | MFSA PQ Code | Enter text | | | | | | | **Attachment | MFSA Annex – AX02** | | | | | | | | Outline the respective focus area the person be responsible for: | | | | | | | | Enter text | | | | | | | | *Other involvement/s within the Applicant* | | | | | | | | Will the person be directly involved in any of the Applicant’s key functions? | | | | | | Select item | | Type of function carried out | Enter text | | | | | | | *Legal Representation* | | | | | | | | Will the proposed individual be vested with legal representation of the Applicant? | | | | | Select item | | | *Base of Operations* | | | | | | | | Will the proposed individual be based in Malta? | Select item | If ‘*No*’: Specify the country where the proposed individual is based | | | Select country | | |  |  | | | | | |   *(Add multiple as applicable)* | | | | | | | | | | | | |
|  | **Committees**  *This sub-section is only applicable for Self-Managed Schemes* | | | | | | | | | | | | |
|  | **Committees Reporting to the Management Body**  *The responses provided in this sub-section should be in accordance with the established terms of reference of the Applicant’s Committee/s.* | | | | | | | | | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | * 1. Committee Details | | | | | | *Type and Mandate of Committee* | | | | | | Type of Committee | Select item | If ‘*Other*’:  Committee Type | | Enter text | | Outline the mandate, functions, and duties of the Committee | Enter text | | | | | *Committee Members* | | | | | | |  |  |  |  | | --- | --- | --- | --- | | * + 1. Committee Member | | | | | Member Name | Enter text | Member Surname | Enter text | | Member Position in Applicant | Enter text | | | | Is the individual a voting member or a non-voting member? | Select item | | | | MFSA PQ Code (if applicable) | Enter text | | | |  |  | | |   *(Add multiple as applicable)* | | | | | | *Committee Structure* | | | | | | Frequency of Meetings | Select item | | If ‘*Other*’: Specify Frequency of Meetings | Enter text | | Frequency of Reporting to the Management Body | Select item | | If ‘*Other*’: Specify frequency | Enter text | | Provide a description of the admission criteria and the election mechanism for the members of the committee | Enter text | | | | | What is the applicable minimum number of members for the Committee? | | | | Enter text | | Number of members required to constitute a quorum | | | | Enter text | | *Delegation to Third-Parties* | | | | | | Will the Applicant delegate any of the Committee’s functions and duties.?  *Note: If the delegation will be to individuals kindly fill in question 2.3 as applicable, or otherwise kindly fill in question 2.4.2 if an entity will be appointed* | | | | Select item | | If ‘*Yes*’: Outline the functions and duties that will be outsourced and identify to whom these will be outsourced. | Enter text | | | | |  | | | | |   *(Add multiple as applicable)* | | | | | | | | | | | | |
|  | **Key Function Holders**  *This sub-section is only applicable for Self-Managed Schemes* | | | | | | | | | | | | |
|  | Identify the Key Function Holders which require a PQ *except Compliance Officer, Money Laundering Reporting Officer, Internal Auditor, ICT Managers and Risk Officer (the latter have been identified in other respective sections of this Application).* | | | | | | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | |  | | | | | * 1. Key Function Holder | | | | | 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 | | | | Position Title | Enter text | | | | Will the person be involved in the provision of the financial service? | | | Select item | | Type of function carried out | Enter text | | | | Explanation | Enter text | | | | Reporting line | Select item | | | | Will the proposed individual be based in Malta? | Select item | If ‘*No*’: Specify the country where the proposed individual is based | Select country | |  | | | |   *(Add multiple as applicable)* | | | | | | | | | | | | |
|  | **Third-Party Functionaries** | | | | | | | | | | | | |
|  | **External Auditor** | | | | | | | | | | | | |
|  | Status | Select item | | | | | | | | | | | |
|  | Name of External Audit Firm *(if applicable)* | Enter text | | | | | | | | | | | |
|  | Auditor Name | Enter text | | | |  | | | Auditor Surname | | | Enter text | |
|  | Auditor Warrant Number | Enter text | | | | | | | | | | | |
|  | Auditor’s Business Email Address | Enter text | | | |  | | | Auditor’s Business Direct Number | | | Enter text | |
|  | Date of Appointment | Enter date | | | | | | | | | | | |
|  | **Manager**  *This sub-section is applicable to Schemes that will be managed by a third-party or otherwise to self-managed Schemes that will be delegating the day-to-day portfolio management function to a third-party.* | | | | | | | | | | | | |
|  | Name of Manager | 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* | | | | | | | | | | | | |
|  | Does the External Manager hold an authorisation by the MFSA or any other Regulatory Authority? | | | | | | | | | Select item | | | |
|  | If ‘*Yes’*: 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 | | | | | | | | | | | |
|  | If ‘*No’:* Provide an explanation with respect to such appointment. | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | *Supplemental Information* | | | | | | | | | | | | |
|  | Indicate the services that the External Manager will be providing: | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | Elaborate on the due diligence process *(initial and on-going)* that shall be adopted by the Applicant on the External Manager | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | If the fund manager is a sub-threshold AIFM in terms of Article 3 AIFMD, kindly indicate the applicable category: | | | | | | | | | | | | |
|  | |  |  | | --- | --- | | * Managing portfolios whose assets under management, including assets acquired through the use of leverage do not exceed €100 million. | Please Select | | * Managing portfolios whose assets under management in total do not exceed a threshold of €500 million when the funds are unleveraged and have no redemption rights exercisable during a period of 5 years from the date of the initial investment. | Please Select | | | | | | | | | | | | | |
|  | **Depositary/ Custodian** | | | | | | | | | | | | |
|  | Does the Applicant intend to appoint a Custodian? | | | | | | | | Please Select | | | | |
|  | Will the Custodian be appointed by the Scheme or the Manager?  *This question is not applicable for Self-Managed Schemes.* | | | | | | | | Select item | | | | |
|  | Name of Custodian | 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* | | | | | | | | | | | | |
|  | Does the Custodian hold an authorisation by the MFSA or any other Regulatory Authority? | | | | | | | | Select item | | | | |
|  | If ‘*Yes’*: 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 | | | | | | | | | | | |
|  | If ‘No’: Provide an explanation with respect to such appointment. | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | *Supplemental Information* | | | | | | | | | | | | |
|  | Explain the type of services that the Custodian will be providing | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | Does the Custodian intend to delegate the safe-keeping function? | | | | | | | | Select item | | | | |
|  | If ‘Yes’: elaborate on the delegation arrangements | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | Elaborate on the due diligence process *(initial and on-going)* that shall be adopted by the Applicant on the Custodian | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | Does the Applicant intend to appoint a Broker/Prime Broker? | | | | | | | | Select item | | | | |
|  | If ‘Yes’: provide the following information: | | | | | | | | | | | | |
|  | 1. Name of Broker / Prime Broker | | | Enter text | | | | | | | | | |
|  | 1. Contact Details | | | Enter text | | | | | | | | | |
|  | 1. Details of Authorisation held | | | Enter text | | | | | | | | | |
|  | 1. Type of Assets the Broker / Primer Broker will be appointed for   *(if applicable)* | | | Enter text | | | | | | | | | |
|  | **Investment Advisor** | | | | | | | | | | | | |
|  | Does the Applicant intend to appoint an Investment Advisor? | | | | | | | | Select item | | | | |
|  | Will the Investment Advisor be appointed by the Scheme or the Fund Manager?  *Only applicable if the scheme will be managed by a third party.* | | | | | | | | Select item | | | | |
|  | Name of Investment Advisor | 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* | | | | | | | | | | | | |
|  | Does the Investment Advisor hold an authorisation by the MFSA or any other Regulatory Authority? | | | | | | | | | Select item | | | |
|  | If ‘*Yes’*: 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 | | | | | | | | | | | |
|  | If ‘No’: Provide an explanation with respect to such appointment. | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | *Supplemental Information* | | | | | | | | | | | | |
|  | Explain the type of services that the Investment Advisor will be providing | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | Elaborate on the due diligence process *(initial and on-going)* that shall be adopted by the Applicant on the Investment Advisor | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | **External Valuer** | | | | | | | | | | | | |
|  | Does the Applicant intend to appoint an External Valuer? | | | | | | | | Select item | | | | |
|  | Name of External Valuer | Enter text | | | | | | | | | | | |
|  | LEI Code *(if applicable)* | Enter text | | | | | | | | | | | |
|  | *Address* | | | | | | | | | | | | |
|  | Number/Name | Enter text | | | |  | | | Street/Road | | | Select country | |
|  | City/Town/Village | Enter text | | | |  | | | Region/State  *(if applicable)* | | | Enter text | |
|  | Post Code | Enter text | | | |  | | | Country | | | Select country | |
|  | Kindly identify for which type of assets the valuer will be appointed for: | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | **Fund Administrator** | | | | | | | | | | | | |
|  | Does the Applicant intend to appoint a Fund Administrator? | | | | | | | | Select item | | | | |
|  | Will the Fund Administrator be appointed by the Scheme or the Fund Manager?  *Only applicable if the scheme will be managed by a third party.* | | | | | | | | Select item | | | | |
|  | Name of Fund Administrator | 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* | | | | | | | | | | | | |
|  | Does the Fund Administrator hold an authorisation by the MFSA or any other Regulatory Authority? | | | | | | | | | Select item | | | |
|  | If ‘*Yes’*: 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 | | | | | | | | | | | |
|  | If ‘No’: Provide an explanation with respect to such appointment. | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | |
|  | List the type of services that the Fund Administrator will be providing | | | | | | | | | | | | |
|  | Please Select.    *(Add multiple as applicable)* | | | | | | | | | | | | |

| **PART 2**   1. Compliance | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Compliance Function** | | | | | | | | |
|  | **Compliance Function** | | | | | | | | |
|  | Provide an overview of the structure of the Compliance Function, its resources and reporting lines | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | Explain how the Applicant intends to maintain the independence of the Compliance Function | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | **Third-Party Outsourcing** | | | | | | | | |
|  | Does the Applicant intend to outsource all, or part of its Compliance Function to a Third-Party Outsourcing Provider? | | | | | Select item | | | |
|  | If ‘*Yes*’: Identify the Third-Party Outsourcing Provider/s. | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | * 1. Third-Party Outsourcing Provider | | | Name of Third-Party Outsourcing Provider | Enter text | | Registration number  *(if applicable)* | Enter text | |  | | |   *(Add multiple as applicable)* | | | | | | | | |
|  | **Attachment | MFSA Annex – AX03** | | | | | | | | |
|  | **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 | | | | | | | |
|  | **Other Positions** | | | | | | | | |
|  | Does the Compliance Officer hold or intend to hold any other positions within the Applicant? | | | | Select item | | | | |
|  | If ‘*Yes*’: Provide an explanation on the nature of the position/s | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | **Compliance Framework** | | | | | | | |
|  | Provide an outline of the Applicant’s Compliance Framework, including Policies and Procedures | | | | | | | |
|  | Enter text | | | | | | | |
|  | **Internal Control Framework** | | | | | | | |
|  | **Conflict of Interest** | | | | | | | |
|  | Provide an outline of the policy and procedures in relation to the conflicts of interest | | | | | | | |
|  | Enter text | | | | | | | |
|  | Describe the controls and any other measures put in place to ensure the effective management of conflicts of interest | | | | | | | |
|  | Enter text | | | | | | | |
|  | Does the Applicant foresee any conflicts of interest/s (including inter alia within the Management Body and the Service Providers in relation to the services that will be provided to the Applicant)? | | | | | | | Please Select | |
|  | If ‘*Yes*’: Identify and explain the conflict of interest/s foreseen and the respective mitigating measures | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | |  |  |  | | No. | Conflict of Interest Identification & Description | Mitigating measure | |  | Enter text | Enter text | | |  |  |  | |   *(Add multiple as applicable)* | | | | | | | | |

| **PART 2**   1. Prudential | | | | |
| --- | --- | --- | --- | --- |
|  | **Accounting Reference Date** | | |
|  | Indicate the Accounting Reference Date (financial year end) | | Enter date |
|  | **Reporting Currency** | | |
|  | Indicate the Reporting Currency | | Select item |
|  | **Initial Capital** | | |
|  | Share Capital Currency | Select item | |
|  | Authorised Share Capital | Enter text | |
|  | Issued Share Capital | Enter text | |
|  | Paid Up Share Capital | Enter text | |
|  | If the initial capital has not been paid-up in full at the time of submission of this application: Provide an outline of the envisaged plan and implementation deadline for ensuring that the initial capital is paid up in full, or as per minimum applicable, before authorisation to commence the activity. | | |
|  | Enter text | | |
|  | **Projections** | | |
|  | Kindly indicate the projected level of subscriptions as well as the Assets Under Management / Net Asset Value that the applicant intends to have both at inception and within one year from licencing. | | |
|  | Enter text | | |

| **PART 2**   1. Anti-Money Laundering & Counter Financing of Terrorism | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **AML & CFT Function** | | | | | | | | | |
|  | **AML & CFT Function** | | | | | | | | | |
|  | Provide an overview of the structure of the Applicant's AML/CFT function, including its resources and respective reporting lines, in line with the proposed volume and value of business being proposed | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Explain how the Applicant intends to maintain the independence of the AML/CFT function | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | **Third-Party Outsourcing** | | | | | | | | | |
|  | Does the Applicant intend to outsource any aspect/s of its AML/CFT obligations to a Third-Party Outsourcing Provider/s in line with the FIAU Implementing Procedures? | | | | | Please Select | | | | |
|  | If ‘*Yes*’: Identify the Third-Party Outsourcing Provider/s. | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | * 1. Third-Party Outsourcing Provider | | | Name of Third-Party Outsourcing Provider | Enter text | | Registration number  *(if applicable)* | Enter text | |  | | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | **Attachment | MFSA Annex – AX03** | | | | | | | | | |
|  | **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 | | | | | | |
|  | **Other Positions** | | | | | | | | |
|  | Does the Money Laundering Reporting Officer hold or intend to hold any other positions within the Applicant? | | | | | Select item | | | |
|  | If ‘*Yes*’: Provide an explanation on the nature of the position/s | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | **AML & CFT Framework** | | | | | | | | |
|  | **Business Risk Assessment** | | | | | | | | |
|  | Indicate the top three highest inherent risks reflected in the Applicant’s Business Risk Assessment (‘BRA’) | | | | | | | | |
|  | |  |  | | --- | --- | | No. | BRA risk | |  | Enter text | |  | Enter text | |  | Enter text | | | | | | | | | |
|  | Provide an outline of the main controls envisaged by the Applicant to mitigate the inherent risks | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | **Customer Acceptance Policy** | | | | | | | | |
|  | Provide an outline of the Applicant's customer acceptance policy, clearly detailing the type of customers identified by Applicant which are likely to pose higher risk of financial crime | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | Provide an overview of the Applicant's AML & CFT risk appetite | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | Indicate the main scenarios where servicing a potential/ existing customer is declined by the Applicant | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | **Customer Risk Assessment** | | | | | | | | |
|  | Provide details on the Applicant’s Customer Risk Assessment (‘CRA’), including a description of the proposed risk assessment methodology, risk scoring thresholds, ongoing screening and how findings will be recorded | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | Does the Applicant have an Enhanced Due Diligence (‘EDD’) procedure in place? | | | | | Select item | | | |
|  | If '*Yes*': Provide an overview of the said procedures and which instances would trigger EDD. If '*No*': Provide further details as to why such procedures have not been established | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | Indicate the main risks envisaged which will be reflected in the Applicant’s CRA | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | Provide an outline of the procedures to be followed when an employee of the Applicant knows or suspects, or there are grounds to suspect that a person and/or transaction is connected to any financial crime activity | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | Explain the type of payment screening that will be carried out by the Applicant to ensure that funds are coming from legitimate sources, if applicable | | | | | | | | |
|  | Enter text | | | | | | | | |
|  | **Policies, Procedures and Manuals** | | | | | | | | |
|  | Provide an overview of the Applicant's AML & CFT policies, procedures and manuals (other than those mentioned above) | | | | | | | | |
|  | Enter text | | | | | | | | |

| **PART 3**  **Declaration Form** | | | | |
| --- | --- | --- | --- | --- |
| *Following submission of the Application, this Declaration Form should be printed and sent, originally signed, to the attention of* ***Authorisations, Securities and Markets Supervision Function, MFSA****. It is to be noted that only this form should be sent physically to the Authority and that should the Applicant submit the entire Application, only the version submitted via the LH Portal shall be maintained and used for the purposes of the MFSA’s authorisation processes.*  *This Declaration Form should be signed by the two signatories vested with legal representation of the Applicant.* | | | | |
| The undersigned, on behalf of Applicant, declare that:   1. Application Submission and Authorisation Requirements    1. the Applicant has resolved to apply for authorisation with the MFSA for the activities provided for within this Application;    2. the Applicant has duly authorised the undersigned to complete and submit this Application to the MFSA;    3. the Applicant 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; and    4. the Applicant shall at time of authorisation, should this be granted, be in adherence with the obligations stipulated under point 1 (c) above. 2. Information Provided to Authority    1. the information given in answer to the questions within the Application is complete and accurate to the best of our knowledge, information and belief and that there are no other facts relevant to this Application of which the Authority should be aware;    2. the Applicant has not tampered with, or modified in any manner, this Application 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 Application;    3. there are no inconsistencies between the provisions of the Constitutional Documents, the documents submitted with this Application (where applicable) and the information given in answer to the questions within the Application;    4. the MFSA will be notified immediately if the information given in answer to the questions within the Application changes and/or affects the completeness or accuracy the Application either prior to or subsequent to authorisation should this be granted; and    5. this Declaration Form corresponds to the Application submitted to the Authority via the LH Portal bearing the following ID:  |  |  | | --- | --- | | **Application ID**  *This ID is provided automatically by the MFSA through the LH Portal and is not required for the on-line submission of the Application. In this respect, following submission of this Application via the LH Portal the Application ID will be available on the submission page and also within the acknowledgement email.* | Enter text |  * 1. the following documentation as indicated in the below have been submitted together with this Application:  |  |  |  | | --- | --- | --- | | Checklist of Documentation to be submitted with the Application | | | |  | Application Fee | Select item | |  | Case Evidence (if applicable) | Enter number of submissions | |  | Constitutional Document / Instruments of Incorporation | Select item | |  | MFSA Annex – AX15:  PIFs Checklist | Select item | |  | Group Structure Diagram | Select item | |  | Organigram (if applicable) | Select item | |  | Personal Questionnaire/s | Enter number of submissions | |  | MFSA Annex – AX01 | Enter number of submissions | |  | MFSA Annex – AX02 | Enter number of submissions | |  | MFSA Annex – AX03 | Enter number of submissions | |  | MFSA Annex – AX21: PIFs Declaration | Select item | |  | MFSA Annex – AX23: Auditor’s Declaration | Select item | |  | Prospectus/ Offering Documentation | Select item | |  | The applicable resolutions from the governing body of the Applicant | Select item | |  | Terms of Reference regulating the procedures of the investment committee (in the case of self-managed schemes) | Select item | |  | Confirmation from the portfolio manager(s) he/she/ they will:  operate in accordance with the investment objectives and policy described in the scheme’s offering document in general and the investment guidelines issued by the investment committee in particular;  report to the investment committee on a regular basis any transactions effected on behalf of the scheme; and  provide to the investment committee with any information as the investment committee may require from time to time | Select item | |  | Confirmation from the portfolio manager(s) / investment committee that they have appropriate resources available to them to ensure on-going access to the market information, which they would need to take account of in making investment management decision | Select item | |  | Declaration by the governing body of the Applicant in line with the Authority's circular dated 3 July 2020 with respect to the fitness and properness assessment of Committee Members involved with Investment Services Licence Holders and Collective Investment Schemes (as applicable) | Select item |  1. Representatives and Disclosure    1. the MFSA is hereby being authorised to contact the representatives provide by the Applicant under Section 1 of Part 1 of this Application;    2. the MFSA is hereby being authorised to make such enquiries as it may consider necessary in connection with this Application; 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. | | | | |
|  | | | | |
| Signature 1 |  |  | | |
| Name | Enter text | Surname | Enter text | |
| Position | Enter text | Date | Enter date |
|  | |
| Signature 2 |  | | | |
| Name | Enter text | Surname | Enter text | |
| Position | Enter text | Date | Enter date |

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