| 1. Declaration (to be *completed by the promoters / applicants of a self-managed PIF (de minimis AIFM in terms of Article 3 AIFMD)* | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Declaration Form** | | | | | | | |
|  | Name of Scheme: | | Enter text | | | | |
|  | Name of the promoter / applicant: | | Enter text | | | | |
|  | Select item hereby confirm that the Enter text is being set-up as a self-managed PIF which fulfils the requirements of a *de minimis* AIFM in terms of article 3 of the AIFMD. | | | | | | |
|  | Select item hereby confirm that the Scheme is: | | | | | | |
|  | 1. Not linked directly or indirectly to any other self-managed PIF/ self-managed AIF/ AIFM/ de minimis AIFM either, through a company with which the Scheme is linked by common management or control, or by a substantive direct or indirect holding which causes the Scheme to exceed the thresholds prescribed in article 3(2) of the AIFMD; | | | | | Select item | |
|  | 1. Linked directly or indirectly to any other self-managed PIF / self-managed AIF / AIFM / de minimis AIFM either, through a company with which the Scheme is linked by common management or control, or by a substantive direct or indirect holding where HOWEVER, the aggregate AUM of the linked parties does not exceed the thresholds prescribed in article 3(2) of the AIFMD. | | | | | Select item | |
|  | Please provide details (name and jurisdiction) of the linked parties. | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  | Name of Linked Party | Jurisdiction | |  | | Enter text | Enter text |   *(Add multiple as applicable)* | | | | | | |
|  | Select item hereby confirm that the Scheme undertakes to monitor the total value of assets under management regularly and to assess situations where the total value of assets under management regularly and to assess situations where the total value of assets under management exceeds the relevant threshold in order to determine whether or not they are of a temporary nature. | | | | | | |
|  | Select item hereby confirm that where the requirements prescribed in Article 3(2) of the AIFMD are no longer met, the Scheme shall apply for authorisation with the MFSA within 30 calendar days. | | | | | | |
| Signature | |  | | | | |
| Name | | Enter text | | Surname | Enter text | |
| Position | | Enter text | | Authorised to sign on behalf of the Promoters / Applicants | Enter text | |
| Date | | Enter date | |

| 1. Declaration to be completed by the de minimis AIFM and the governing body of the scheme where the scheme will be registered as an EuVECA or EuSEF in terms of Regulations (EU) 345/2013 and 346/2013 respectively | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Declaration Form** | | | | | |
|  | Name of Scheme | | Enter text | | | |
|  | Name of manager | | Enter text | | | |
|  | **Manager’s Declaration:** | | | | | |
|  | Select item hereby confirm that the *de minimis* AIFM shall at all times comply with the provisions of Regulation (EU) Select item | | | | | |
|  | Name of *de minimis* AIFM | | Enter text | | | |
| Name of Scheme | | | | Enter text | | |
|  | **Governing Body of the Scheme Declaration:** | | | | | |
|  | Select item hereby confirm that Select description of government body of Enter Name of Scheme acknowledge and agree that it is responsible for the scheme’s compliance with the provisions of Regulation (EU) Select item | | | | | |
| Signature | |  | | | | |
| Name | | Enter text | | | Surname | Enter text |
| Position | | Enter text | | | Authorised to sign on behalf of the Governing Body of the Scheme | Enter text |
| Date | | Enter date | | |