

THE CAPITAL MARKETS DEVELOPMENT AUTHORITY ACT, 1996
APPLICATION FOR A LICENCE TO CONDUCT THE BUSINESS OF A
UNIT TRUST OR MUTUAL FUND

Name of Unit Trust or Mutual Fund:

Address:

Registered Office:

Date of Registration:

Registration Number of Company:

We/I hereby apply for a licence to carry on business as a

.....

.....

(state appropriate business)

(a) Location and address of principal office of applicant.....

.....

(b) Details of trust fund:

(i) Limit, if any of fund \$.....

(ii) Paid up capital of fund \$.....

(iii) Certificates of units, amount and denomination to be issued \$.....

(c) Names and addresses of investment advisers:

1.

2.

3.

(d) Names, addresses and business of trustees:

1.

2.

3.

4.

5.

6.

7.

FOR OFFICIAL USE ONLY

Application received on...../...../.....

Remarks:

- (e) Address of branch offices:
-
- (f) Name and address of Chief Executive:
-
- (g) Name and address of Custodian:
-
- (h) Name and address of Fund Manager and qualification in case of an individual:
-
- (i) In case of a company, name and address of Fund Manager's Chief Executive:
-
- (j) Qualifications of Fund Manager's Chief Executive:
-
- (k) Application fee \$:
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DECLARATION

- (a) We are/I am⁺ aware that section 63 of the Act provides as follows:
 "Every person who -
 - (a) contravenes any provision of this Act or any requirement imposed under the provision of this Act or any rule or regulation made thereunder;
 - (b) furnishes for the purpose of this Act any information or any returns the contents of which is, to his knowledge, untrue or incorrect or misleading because of material omissions; or
 - (c) wilfully obstructs any member of the Authority or an officer or servant of the Authority in the performance of his duties under the provisions of this Act;
 shall commit an offence and, on conviction, be liable to pay a fine which shall not exceed \$10,000 and or imprisonment for a term not exceeding 7 years or both".
- (b) We/I⁺ declare that all information given in this application and in the attached annexures (if any) is true and correct.

Dated this _____ day of _____ 20_____

Signed:

.....)Director

.....)Director⁺

.....)Secretary⁺

* This form should be submitted in triplicate together with Forms 8, 9 and 10. Attach Trust Deed and or Memorandum and Articles of Association.

+ Delete or amend what is not applicable.
