



REFERENCE NUMBER

(For FSC use ONLY)

**APPLICATION
FOR
APPROVAL OF
ADDITIONAL SEGREGATED
PORTFOLIOS**

Please forward completed forms to:
British Virgin Islands Financial Services Commission
P.O. Box 418, Pasea Estate,
Road Town, Tortola, British Virgin Islands
Tel: 284-494-1324
Fax: 284-494-5016
commissioner@bvifsc.vg

This form and annexes thereto should be printed or completed using INK and BLOCK CAPITALS or typescript for all answers. If there is insufficient space, please continue on a separate sheet of paper, and clearly identify the section and question to which the additional information relates.

NOTES TO APPLICANTS:

- (A) This application should be completed by:**
- 1. a mutual fund SPC, that is registered as a public fund, seeking approval to create additional segregated portfolios**
 - 2. a mutual fund SPC, that is recognised as a private or professional fund, seeking approval to create additional segregate portfolios but does not meet the criteria outlined in section 6(1)(b)(i) & (ii) of the Segregated Portfolio Companies Regulations, 2005.**
- (B) Please ensure that the following document (or certified copy) is submitted in support of this completed application:**
- 1. the offering document for each of the additional segregated portfolios that will be created**
- (C) Any changes in information contained in this application form or submitted in support of this application should be notified in writing to the Commission within 14 days of the date of such change.**

SECTION A: SEGREGATED PORTFOLIO COMPANY

1. NAME OF SEGREGATED PORTFOLIO COMPANY _____

2. COMPANY NUMBER _____

3. MUTUAL FUND CERTIFICATE NUMBER _____

4. LIST THE NAME, IDENTIFICATION OR DESIGNATION OF EACH PORTFOLIO

NAME/IDENTIFICATION/DESIGNATION

SECTION B: DETAILS OF FUNCTIONARIES

State the following details for each functionary that will be appointed to act in respect of each segregated portfolio.

Manager(s)

Name	Jurisdiction of Incorporation	Address of place of business	Business Activities	Name of portfolio(s) for which the functionary is appointed (if applicable)

Administrator(s)

Name	Jurisdiction of Incorporation	Address of place of business	Business Activities	Name of portfolio(s) for which the functionary is appointed (if applicable)

SECTION D: DETAILS OF FUNCTIONARIES cont'd

Investment Advisor(s)

Name	Jurisdiction of Incorporation	Address of place of business	Business Activities	Name of portfolio(s) for which the functionary is appointed (if applicable)

Custodian(s)

Name	Jurisdiction of Incorporation	Address of place of business	Business Activities	Name of portfolio(s) for which the functionary is appointed (if applicable)

<i>For Financial Services Commission Use only</i>			Date Rec'd _____	Application Fee Rec'd: _____	
<u>Action Taken</u>	<u>Date</u>	<u>Initial</u>	<u>Action Taken</u>	<u>Date</u>	<u>Initial</u>
<i>Acknowledged</i>	_____	_____	<i>Further Enquiries</i>	_____	_____
<i>Receipt No:</i>	_____	_____	<i>Further Enquiries</i>	_____	_____
<i>Decision</i>	_____	_____	<i>Further Enquiries</i>	_____	_____