



**SCHEDULE**  
[Paragraphs 4.1 and 8.1]  
**FORM IB-E2**

**Application by a Private Fund/Professional Fund for Exemption from Appointing a Fund Manager Under regulation 7 (2) of the Mutual Funds Regulations, 2010**

1. Name of private fund/professional fund to which this application relates ("the applicant")

- a)  Private Fund      b) Date of recognition/registration  
 Professional Fund

c) Licence Number

d)  Not yet recognised; this application is submitted together with application for recognition

2. Name of entity submitting the application on behalf of the applicant

Relationship to the applicant

- Director       Senior Officer       Manager  
 Authorised Representative       Other, specify

3. Is this application being submitted together with the application for recognition?

YES       NO       If no, indicate when recognition was granted

4. Please state reasons for applying for an exemption from the requirement for appointment of a fund manager (Please note: Reason(s) must be sufficiently detailed to provide an understanding of the rationale for the application)

5. Please complete the following in respect to:

(a) current or proposed management arrangements for the applicant

b) Name of individual(s) who will carry out applicant's management function	Address
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(c) A copy of the curriculum vitae of the individual(s) named in sub-paragraph (a) above (attached)

6. Is the management of the applicant to be carried out by the applicant's directors wherein any of the directors is a corporate director?

YES       NO       If yes, indicate name and addresses of all the directors of the corporate director

Name	Address

I [redacted] (name) of [redacted]

(address), being the person submitting this application on behalf of

[redacted] (name of Mutual Fund SPC) do hereby

declare that the information provided in this application for the exemption of

[redacted] (name of Mutual Fund SPC)

from the requirement to appoint a manager is true and accurate to the best of my knowledge and all other documents submitted with this application in respect thereof are authentic. I understand that providing false or misleading information in respect of this application may cause the Commission to deny the application and such denial is without prejudice to any other action that may be taken against me and/or in respect of the applicant herein under the laws of the Virgin Islands.

[redacted]

[redacted]

Signed by:

Name (Print):

Date: [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]  
dd mm yy