



FORM IB-E1-IAF
[Paragraphs 3.1] [Regulation 13]

INCUBATOR FUND
APPLICATION FOR EXTENSION FORM

3.2.1.1 Applicant Details

Name of Incubator Fund:

Date on which fund commenced business:

(dd/mm/yyyy)

Length of extension being requested:

3.2.1.2 Reason for Extension

State the reason(s) for requesting an extension to carry on as an incubator fund beyond the approved two (2) year period. The reason(s) provided must be sufficiently detailed as to provide a clear understanding of the rationale for the application):

3.2.1.3 Circumstances of the Incubator Fund (as at the date of this application)

Total number of investors

Total net assets

3.2.1.4 Details of Previous Extensions Granted

Has the fund previously been granted an extension to act as an incubator fund? Yes

No

If “yes”, for what length of time was the extension granted:

3.2.1.5 Declaration by Applicant

I/we* on behalf of

[name of Fund], do hereby declare that the information provided in this application is, to my/our* knowledge and belief, true and accurate. I/We* understand that providing false or misleading information in respect of this application may cause the Commission to deny the application and any subsequent application which may be submitted on behalf of the applicant, and may further cause the Commission to take enforcement action.

Authorised Signature:

Name (*Print*):

[Title]:

(Director/Authorised Representative/Legal Practitioner)*

Date:

(dd/mm/yyyy)

**Delete as appropriate*