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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms** |
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| **Form AA05: Fund Management Application Form** |
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| **High Level Guidelines** |
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| 1. General   This form, Form **AA05:** **Fund Management Application Form** (‘Application’), shall be duly filled in by the persons wishing to obtain authorisation under Article 6 of the Investment Services Act (Chapter 370 of the Laws of Malta).  In this respect, the Applicant shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The Applicant shall notify the MFSA immediately if the information provided changes in any respect either prior to or subsequent to authorisation.  The Applicant shall note that it is a criminal offence, under Article22(2) and 23 of the Act, to furnish information or to make a statement which one knows to be inaccurate, false or misleading in any material respect, or to recklessly furnish information or to make a statement which is inaccurate, false or misleading in any material respect, pursuant to any of the provisions of this Act or of any Regulations made or of any Rules issued thereunder, or any condition, obligation, requirement, directive or order made or given as aforesaid.  The Applicant is required to make reference, and where applicable comply with, the Act, the Regulations made, or Rules issued thereunder during the completion of the Application. The Applicant shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable.  The Applicant shall not tamper with, or modify in any manner, this Application or its respective Annexes. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the Application to be invalid. Any potential improvements should be communicated to the MFSA for consideration.  The Authority may at its sole discretion request from the Applicant further information/ documentation.   1. Proposed Authorisation   Indicate the intended type of authorisation the Applicant is proposing to obtain:   |  |  | | --- | --- | | Type of Application | Select item |  1. Definitions   For the purposes of this Application, the definitions found on the [MFSA website](https://www.mfsa.mt/wp-content/uploads/2022/03/AX22-Funds-Application-Forms-Definitions.docx) identified below should be read in conjunction with the provisions of the Act and other respective national or European regulatory frameworks or other binding regulation as may be applicable.  In the event that any of the definitions contained hereunder conflict with a definition under the Act, the definitions set out in the Act or in any other such law shall prevail, unless otherwise specified herein.   1. Instructions   The Applicant is required to complete all the respective sections under all the three parts of the Application, as follows:   * + Part 1 – Applicant Details   + Part 2 – Activity & Method of Operations   + Part 3 – Declaration Form   Applicants are to note that further instructions in relation to the Application may be found on the Guidelines to the Authorisation Forms ([link](https://www.mfsa.mt/wp-content/uploads/2021/05/AG01-Applications-Guidelines.pdf)). It is noted that the Application should reflect the Applicant’s structure and method of operations at time of authorisation.  Following submission of the Application via the LH Portal, the Declaration Form (Part 3 of this Application) should be printed and sent, originally signed, to the Authority. In the printed Declaration Form, the Applicant is reminded to enter the Application ID, which is provided automatically through the LH Portal upon on-line submission of the Application. It is to be noted that only this Declaration Form should be sent physically to the Authority. Further instructions can be found in the Declaration Form itself.  In order for the Application to be considered complete, the Applicant is required to have submitted, along with a duly filled Application, all the required documentation as identified within this Application.   1. Privacy Notice   The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>.   1. Disclaimer   It is noted that the submission of this Application and/or its determination of ‘completeness’ shall not be construed as a granting of Authorisation by the MFSA. Furthermore, the Applicant is referred to Article 4(A) of the MFSA Act, wherein the granting of an Authorisation is a concession and a revocable privilege, and no holder thereof shall be deemed to have acquired any vested rights therein or thereunder. |

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| * 1. Applicant Details | | | | | | | |
|  | **Applicant Person Type** | | | | | | |
|  | Person Type | Select item | | | | | |
|  | **Applicant – General and Identification Details** | | | | | | |
|  | **Identification** | | | | | | |
|  | Status of Applicant | Select item | | | | | |
|  | Registered Name  *(If not yet Formed, provide proposed name)* | Enter text | | | | | |
|  | Registered Number | Enter text |  | | Date of Registration | | Enter date |
|  | **Addresses** | | | | | | |
|  | **Registered Address**  *If Formed, indicate registered address as indicated on the Registration Document.*  *If not yet Formed, indicate proposed registered address.* | | | | | | |
|  | Number/Name | Enter text |  | | Street/Road | | Enter text |
|  | City/Town/Village | Enter text |  | | Post Code | | Enter text |
|  | **Primary Business Address** | | | | | | |
|  | Is the Primary Business Address different than the Registered Address?  *If ‘Yes’, indicate the Primary Business Address:* | | | | | | Select item |
|  | Number/Name | Enter text | |  | | Street/Road | Enter text |
|  | City/Town/Village | Enter text | |  | | Post Code | Enter text |
|  | **Other Names** | | | | | | |
|  | Does / did the Applicant have / intend to have different names/aliases/trade names *(‘Other Names’)*? | | | | | | Select item |
|  | |  |  | | --- | --- | |  |  | | Other Name | Enter text | | State | Select item | | If ‘C*urrent’ or ‘Proposed’:* Explain why the Applicant is utilising or intends to utilise this Other Name | Enter text | | If ‘*Past*’: Explain why the Applicant was utilising this Other Name and why was it discontinued | Enter text | |  |  |   *(Add multiple as applicable)* | | | | | | |
|  | **Representation**  *Indicate the details of the external / internal representatives of the Applicant and their contact details, as applicable.* | | | | | | |
|  | Type of Representation | Select item | | | | | |
|  | Representative Entity Name *(if applicable)* | Enter text | | | | | |
|  | Position | Enter text | | | | | |
|  | Title | Select item | | | | | |
|  | Name | Enter text |  | | Surname | | Enter text |
|  | Representative’s  Business Email Address | Enter text | | | | | |
|  | Representative’s  Business Direct Number | Enter text | | | | | |

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| * 1. Applicant Structure and Regulatory History | | | | | | | |
|  | **Constitutional Documentation** | | | | | | |
|  | **Attachment | Constitutional Document**  *Provide a copy of the Constitutional Document (e.g., Statuses or Memoranda & Articles of Association). If the Applicant is still in formation, provide a draft version of the document.* | | | | | | |
|  | **Group Structure** | | | | | | |
|  | **Confirmation** | | | | | | |
|  | Is the Applicant part of, or will the Applicant be part of a group structure? | | | | | Select item | |
|  | **Group Strategy**  *This sub-section is only applicable if the Applicant selects ‘Yes’ to Question 2.2.1.1.* | | | | | | |
|  | Explain how the establishment of the Applicant aligns with the group's strategy | | | | Enter text | | |
|  | Provide a high-level description of the significant activities of the Group | | | | Enter text | | |
|  | **Group Complexity and Interconnectedness**  *This sub-section is only applicable if the Applicant selects ‘Yes’ to Question 2.2.1.1.* | | | | | | |
|  | Provide a description of the complexity, interdependency and interconnectedness that exist between the Applicant and other Legal Persons within the Group Structure | | | | Enter text | | |
|  | **Group Structure**  *This sub-section is only applicable if the Applicant selects ‘Yes’ to Question 2.2.1.1* | | | | | | |
|  | **Attachment | Group Structure Diagram**  Provide a diagram illustrating:   * 1. The shareholding structure of the Applicant showing all tiers up to the Ultimate Beneficial Owners with full names of all entities, their jurisdiction and respective percentage holdings. Regulated entities should be identified together with their respective regulator   2. The direct and/or indirect ownership of a sufficient percentage of shares, voting rights or ownership interest held by the Applicant in other Legal Persons. | | | | | | |
|  | **Shareholding Structure** | | | | | | |
|  | **Publicly Traded and Listed Shareholding**  This sub-section is only applicable where the Applicant has any of its shareholding publicly listed and traded on a trading venue locally and/or abroad. | | | | | | |
|  | Is any of the Applicant's Shareholding publicly listed and traded on one or more trading venues? | | | | | Select item | |
|  | If ‘*Yes*’: Indicate the Trading Venue/s where the Applicant’s shareholding is publicly listed and traded. | | | | |  |  |  | | --- | --- | --- | | Name of Trading Venue | Country of Trading Venue | LEI Code  *(if Applicable)* | | Enter text | Select country | Enter text |   *(Add multiple as applicable)* | | |
|  | If ‘*No*’: Does the Applicant intend to publicly offer and/or list and trade its shareholding in the future? | | | | | Select item | |
|  | **Qualifying Shareholders’ Identification**  Provide details on the Applicant’s Qualifying Shareholders, within the respective section applicable to either Natural Persons or Legal Persons | | | | | | |
|  | **Qualifying Shareholders - Natural Persons** | | | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | * 1. Qualifying Shareholder – Natural Person | | | | | | Title | Select item | | | | | Name | Enter text | | Surname | Enter text | | Identification Document (‘ID’) Type | Select item | | ID Number | Enter text | | MFSA PQ Code | Enter text | | Type of Holding | Select item | | Aggregate Percentage Holding | Enter text | | Aggregate Percentage Control | Enter text | | Will the person be involved in the day-to-day running of the Applicant  *(or Group, if applicable)*? | | | | Select item | | If yes, explain the nature of the involvement | | Enter text | | | | |  | | | | | | *(Add multiple as applicable)* | | | | | | | | | | | |
|  | **Qualifying Shareholders – Legal Persons** | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Qualifying Shareholder – Legal Person | | | | | Legal Person Form | Select item | If ‘*Other*’:  Type of Form | Enter text | | Registered Name | Enter text | Registered Number | Enter text | | Type of Holding | Select item | | | | Aggregate Percentage Holding | Enter text | Aggregate Percentage Control | Enter text | | **Attachment | MFSA Annex - AX01 Corporate Questionnaire**  Applicable to Direct and Ultimate Parent Qualifying Shareholders only | | | | |  |  | | |   *Add multiple as applicable)* | | | | | | |
|  | **Other Controllers** | | | | | | |
|  | Does the Applicant have (i) persons who can exercise control through means other than having a qualifying shareholding; (ii) persons falling within the definition of ‘*Close Links’*; and/or (iii) persons falling within the definition of *‘Acting in Concert’*? | | | | | Select item | |
|  | **Other Controllers – Natural Persons** | | | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | * 1. Other Controller – Natural Person | | | | | | Title | Select item | | | | | Name | Enter text | | Surname | Enter text | | Identification Document (‘ID’) Type | Select item | | ID Number | Enter text | | MFSA PQ Code | Enter text | | Aggregate Percentage Control | Enter text | | Indicate nature of relationship | Select item | | | | | Will the person be involved in the day-to-day running of the Applicant  *(or Group, if applicable)*? | | | | Select item | | If yes, explain the nature of the involvement | | Enter text | | | |  |  | | | |   *(Add multiple as applicable)* | | | | | | |
|  | **Other Controllers – Legal Persons** | | | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | * 1. Other Controller – Legal Person | | | | | | Legal Person Form | Select item | If ‘*Other’*:  Type of Form | Enter text | | | Registered Name | Enter text | | | | | Registered Number | Enter text | Date of Registration | Enter date | | | Name of Registry | Enter text | Country of Registration | Select country | | | Nature of Activities | Enter text | | | | | Aggregate Percentage Control | Enter text | Indicate nature of relationship | | Select item | | |  |  | | | |   *(Add multiple as applicable)* | | | | | | |
|  | **Applicant’s interest in other persons**  This sub-section is only applicable if the Applicant is already formed. | | | | | | |
|  | **Confirmation** | | | | | | |
|  | Does the Applicant have direct and/or indirect ownership of a sufficient percentage of shares, voting rights or ownership interest in other entities?  Note: Kindly refer to AX22 for the definition of “sufficient percentage” | | | | | Select item | |
|  | **Direct or indirect ownership of a sufficient percentage of shares, voting rights or ownership interest held by the Applicant** | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Legal Person | | | | | *Identification & Holding Details* | | | | | Legal Person Form | Select item | If ‘*Other*’:  Type of Form | Enter text | | Registered Name | Enter text | | | | Registered Number | Enter text | Date of Registration | Enter date | | Name of Registry | Enter text | Country of Registration | Select country | | Type of Holding | Select item | | | | Principal activities of Legal Person | Enter text | | | |  |  | | |   *(Add multiple as applicable)* | | | | | | |
|  | **Resource Sharing** | | | | | | |
|  | **Confirmation** | | | | | | |
|  | Does the Applicant intend to share resources with other members within its Group Structure or other third parties, through Support Services Arrangements? | | | | | Select item | |
|  | **Resource Sharing Arrangement**  *This sub-section is only applicable if the Applicant selects ‘Yes’ to Question 2.5.1.1.* | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Resource Sharing Agreement | | | | | Name of Entity | Enter text | Relationship | Select item | | Provide a description of the resources being shared | | Enter text | | | Explain how the Applicant will maintain independence | | Enter text | | |  | | | | |   *(Add multiple as applicable)* | | | | | | |
|  | **Regulatory History**  *Note – For the purposes of this section, Authorisation as Type of Regulatory History shall mean: “any type of official recognition (such as Licensing, Registration, Recognition, etc) by a Regulatory Body”. (An indicative list of regulating bodies is provided).* | | | | | | |
|  | **Applicant Regulatory History**  This sub-section relates to Applications submitted to, and/or Authorisations held with, the MFSA and/or any other Regulatory Authority by the Applicant. | | | | | | |
|  | Does the Applicant hold an authorisation or did the Applicant ever apply to be authorised by the MFSA or any other Regulatory Authority for any activity? | | | | | Select item | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | * 1. Applicant – Regulatory History | | | | | | Type of Regulatory History | Select item | | | | | Type of Activity | Select item | | If ‘*Other*’:  Type of Activity | Enter text | | Name of Regulatory Body | Select item | | | | | If ‘*Other*’:  Name of Regulatory Body | Enter text | | | | | *If ‘Application’, provide respective details:* | | | | | | Status of Application | | Select item | | | | | Application Submission Date | | Enter date | | | | | Application Withdrawal / Refusal Date | | Enter date | | | | | Reason for Withdrawal / Refusal | | Enter text | | | | | *If ‘Authorisation’, provide respective details:* | | | | | | Status of Authorisation | | Select item | | | | | Authorisation Date | | Enter date | | | | | Authorisation Suspension / Surrender / Revocation Date | | Enter date | | | | | Reason for Suspension / Surrender / Revocation | | Enter text | | | | |  | | | | |   *(Add multiple as applicable)* | | | | | | |
|  | **Associations to other entities which submitted Applications, and/or hold Authorisations with, the MFSA and/or any other Regulatory Authority** | | | | | | |
|  | Does the Applicant have any association with any other entity within its Group, except for its Qualifying Shareholding, that is authorised, or has ever applied to be authorised, by the MFSA or any other Regulatory Authority for any activity? | | | | | Select item | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Association – Regulatory History | | | | | Association Details | | | | | Type of Association | Select item | If ‘*Other*’:  Specify type | Enter text | | *Legal Person Identification* | | | | | Registered Name | Enter text | | | | Registered Number | Enter text | Country of Registration | Select country | | *Regulatory History of the Association* | | | | | |  |  |  |  | | --- | --- | --- | --- | | * + 1. Regulatory History | | | | | Type of Regulatory History | Select item | | | | Type of Activity | Select item | If ‘*Other*’:  Type of Activity | Enter text | | Name of Regulatory Body | Select item | | | | If ‘*Other*’:  Name of Regulatory Body | Enter text | | | | *If Application, provide respective details:* | | | | | Status of Application | Select item | | | | Application Submission Date | Enter date | | | | Application Withdrawal / Refusal Date | Enter date | | | | Reason for Withdrawal / Refusal | Enter text | | | | *If Authorisation, provide respective details:* | | | | | Status of Authorisation | Select item | | | | Authorisation Date | Enter date | | | | Authorisation Suspension / Surrender / Revocation Date | Enter date | | | | Reason for Suspension / Surrender / Revocation | Enter text | | | |  | | | | | | | | |  | | | | |  | | | |   *(Add multiple as applicable)* | | | | | | |
|  | **Significant events and integrity confirmations** | | | | | | |
|  | Has the Applicant if already formed/ constituted or any person listed in Sections 1, 2, 4, 5, and 6, either personally or indirectly through an entity with which they were associated as director, qualifying shareholder, manager, or key function holder, ever: | | | | | | |
|  | Case A | had a petition for bankruptcy or compulsory winding up or sequestration been made against them at any time? | | | | | Select item |
|  | Case B | had a receiver, administrator or liquidator appointed; failed to satisfy a debt adjudged due; or come to a compromise or similar arrangement with any of its creditors, whether as a result of insolvency or otherwise? | | | | | Select item |
|  | Case C | been investigated, in the process of being investigated or is aware of investigations that will be initiated at some point in time by any Authority, regulatory, judicial or professional body whether in Malta or abroad?  *(This includes Court Orders and excluding investigations conducted in the course of normal monitoring and surveillance procedures which had no adverse findings)* | | | | | Select item |
|  | Case D | been subject to criticism, censures, disciplinary actions, suspension, expulsion or administrative breaches by any Authority, regulatory, judiciary or professional body whether in Malta or abroad? | | | | | Select item |
|  | Case E | been subject to any other formal complaints made against it by its clients or former clients which have been resolved in favour of the complainant by a non-judicial third party? | | | | | Select item |
|  | Case F | been subject to any criminal conviction or civil penalty:   * + in respect of carrying out any authorised/ unauthorised regulated activity (if applicable);   + in respect of any natural person in the process of application; and/or   + in respect of any legal person in the process of application? | | | | | Select item |
|  | Case G | have any books and records requisitioned or seized by any court, Authority, regulatory, judicial or professional body whether in Malta or abroad? | | | | | Select item |
|  | Case H | been subject to any unsatisfied judgments or awards outstanding? | | | | | Select item |
|  | Case I | been assessed as not of going concern or subject to a declaration of a moratorium of any indebtedness, to a restructuring or reorganisation process affecting its creditors, including measures involving the possibility of a suspension of payments, suspension of enforcement measures or reduction of claims, to a dissolution, to winding-up proceedings, or to administration or other insolvency or similar proceedings? | | | | | Select item |
|  | Case J | have any out-of-court settlements reached with any other legal or natural person, having regard to the monetary terms of the settlements or/and the circumstances in which they have been reached? | | | | | Select item |
|  | If any of the above apply, provide details and evidence as necessary for each respective case | | |  |  |  | | --- | --- | --- | | Case | Select item | | | Person Involved | Select item | | | If ’*Subsidiary’:* Name of Person Involved | Enter text | | | Status of Case | Select item | | | Name of the relevant criminal court, civil or administrative authority | Enter text | | | Country of the relevant criminal court, civil or administrative authority | Select country | | | Date of the event | Enter date | | | An explanation of the circumstances surrounding the Case | Enter text | | | | If ‘*Concluded’*: Case Outcome | Enter text | | | The amount involved and Respective Currency *(if applicable)* | Select item | Enter text | | **Attachment | Case Evidence**  *Provide case evidence as applicable* | | | |  |  | | |   *(Add multiple as applicable)* | | | | |
|  | **Sanctions and restrictive measures** | | | | | | |
|  | Has the Applicant, if already formed, or any natural or legal persons with whom it has ties with, whether in Malta or abroad, been placed under a list of sanctions or restrictive measures of any nature?  *Note - not applicable for Natural or Legal Persons who are required to submit a Personal Questionnaire or a Corporate Questionnaire* | | | | | | Select item |
|  | If *‘Yes’*: Provide the following detail for each respective case: | | | |  |  |  | | --- | --- | --- | | Person Involved | | Select item | | If ‘*Natural Person’* or ‘*Legal Person’:* | Full Name | Enter text | | Relationship with Applicant | Enter text | | Sanctioning Body | | Enter text | | Resolution Number | | Enter text | | Reason | | Enter text | | Mitigating Rationale | | Enter text | |  | |  |   *(Add multiple as applicable)* | | | |

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| * 1. Business Model, Strategy and Activity | | | |
|  | **Rationale** | | |
|  | Explain the Applicant’s rationale for this application and the rationale for applying for authorisation in Malta | | |
|  | Enter text | | |
|  | Explain the rationale behind the Applicant’s legal structure being used, as applicable | | |
|  | Enter text | | |
|  | If ‘*Formed*’: Provide: | | |
|  | * + 1. an explanation indicating the reasons behind the Applicant’s existence prior to this Application | | |
|  | Enter text | | |
|  | * + 1. a description of the past history of the book of business | | |
|  | Enter text | | |
|  | **Business Model** | | |
|  | Provide a description of the Applicant’s proposed business model and a description of how the scope of this Application aligns with the proposed activities. The continuity and dual control arrangements to be in place in the provision of the licensable activities should also be provided. | | |
|  | Enter text | | |
|  | Provide a detailed description of the main factors influencing the success of the proposed business model, including any identified competitive advantages. | | |
|  | Enter text | | |
|  | **Proposed Activity** | | |
|  | **Legal Analysis and Determination** | | |
|  | Has the Applicant obtained a legal determination that the activities proposed within the business model, as identified above, fall within scope of the definition/s of the activity/ies indicated in the next section? | Select item | |
|  | If ‘*Yes*’: **Attachment | Legal Opinion** | | |
|  | **Proposed Financial Service Activity**  *Indicate the proposed activities which the Applicant intends to undertake.* | | |
|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Core Activities | | Non-Core Activities | | | | Other Activities | | | |  | Management of AIFs | Management of UCITS Schemes | Reception and Transmission of Orders | Safekeeping & Administration in relation to shares or Shares of collective investment undertakings | Investment Advice | Discretionary Portfolio Management | Administration [[1]](#footnote-2) | Marketing | Activities related to the assets of the AIFs (as detailed in Annex 1 of the AIFMD) | | Transferable Securities | - | - | - | - | - | - | - | - | - | | Money Market Instruments | - | - | - | - | - | - | - | - | - | | Units in collective investment schemes | - | - | - | - | - | - | - | - | - | | Options, futures, swaps, forward rate agreements and any other derivative contracts relating to securities, currencies, interest rates or yields, emission allowances or other derivative instruments, financial indices or financial measures which may be settled physically or in cash | - | - | - | - | - | - | - | - | - | | Options, futures, swaps, forwards and any other derivative contracts relating to commodities that must be settled in cash or may be settled in cash at the option of one of the parties other than by reason of default or other termination event | - | - | - | - | - | - | - | - | - | | Options, futures, swaps, and any other derivative contracts relating to commodities, that can be physically settled provided that they are traded on a regulated market, within the meaning of the Financial Markets Act a Multilateral Trading Facility, or an Organised Trading Facility, except for wholesale energy products traded on an Organised Trading Facility that must be physically settled | - | - | - | - | - | - | - | - | - | | Options, futures, swaps, forwards and any other derivative contracts relating to commodities, that can be physically settled, are not for commercial purposes, are not included in article 6 of this Schedule, and, which have the characteristics of other derivative instruments | - | - | - | - | - | - | - | - | - | | Derivative instruments for the transfer of credit risk | - | - | - | - | - | - | - | - | - | | Rights under a contract for differences or under any other contract the purpose or intended purpose of which is to secure a profit or avoid a loss by reference to fluctuations in the value or price for property of any description or in an index or other factor designated for that purpose in the contract. | - | - | - | - | - | - | - | - | - | | Options, futures, swaps, forward rate agreements and any other derivative contracts relating to climatic variables, freight rates or inflation rates or other official economic statistics that must be settled in cash or may be settled in cash at the option of one of the parties other than by reason of default or other termination event, as well as any other derivative contracts relating to assets, rights, obligations, indices and measures not otherwise mentioned in this Schedule, which have the characteristics of other derivative financial instruments, having regard to whether, inter alia, they are traded on a regulated market, OTF, or an MTF | - | - | - | - | - | - | - | - | - | | Certificates or other instruments which confer property rights in respect of any instrument falling within this Schedule | - | - | - | - | - | - | - | - | - | | Foreign exchange acquired or held for investment purposes | - | - | - | - | - | - | - | - | - | | Emission allowances consisting of any Shares recognised for compliance with the requirements of Directive2003/87/EC (Emissions Trading Scheme) | - | - | - | - | - | - | - | - | - | | | |
|  | In the case of dual authorisation in terms of Directive 2011/61/EU and Directive 2009/65/EC kindly indicate under which authorisation any intended non-core activity being applied for will be provided | | |
|  | Select item | | |
|  | Kindly provide a detailed description as to how the identified financial service activities mentioned above will be carried out in practice in accordance with the relevant Regulations. | | |
|  | Enter text | | |
|  | **Client base**  *Indicate the intended target market for the non-core activities being applied for (if applicable)* | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Reception and Transmission of Orders | Safekeeping & Administration | Investment Advice | Discretionary Portfolio Management | | Retail Clients | - | - | - | - | | Professional Clients | - | - | - | - | | Collective Investment Schemes | - | - | - | - | | Eligible Counterparties | - | - | - | - | | | |
|  | Indicate the intended target market and explain the distribution channel and respective products/services for each client base | | |
|  | Enter text | | |
|  | **Proposed Other Activities** | | |
|  | Does the Applicant intend to provide services/activities, other than the financial services indicated above? | | Select item |
|  | If ‘*Yes*’: Provide a detailed description of the other services and activities, and of procedures to be applied in the provision of the other services and activities mentioned above | | |
|  | Enter text | | |
|  | **Online Platform** | | |
|  | Does the Applicant intend to make use of an online platform/application to offer its services & activities? | | Select item |
|  | If yes, please provide details including a detailed outline of how the platform will be used to offer the Applicant’s services & activities. | | |
|  | Enter text | | |
|  | **Attachment | MFSA Annex – AX04** | | |
|  | **Business Strategy** | | |
|  | **Funds under Management – Value of Portfolio**  *Provide the value (in EUR) of the portfolio that the Applicant intends to manage* | | |
|  | |  |  | | --- | --- | |  | Intended Value of Managed Portfolio | | UCITS | € Enter text | | AIFs | € Enter text | | Retail AIFs | € Enter text | | Total | € Enter text | | | |
|  | **Funds under Management – Details of Funds**  *Provide details of the Funds which the Applicant intends to manage* | | |
|  | |  |  | | --- | --- | | * 1. Fund under Management | | | Name of Fund | Enter text | | Type | Select item | | Status of Fund | Select item | | Domicile | Select country | | Marketing basis | Select item | | Marketing Countries | Select country | | Authorisation date | Enter date | | Name of Regulatory Body | Select item | | If ‘*Other*’:  Name of Regulatory Body | Enter text | | Regulatory Status | Select item | | *Depositary Identification* | | | Name of Depositary | Enter text | | Depositary Type | Select item | | Authorisation date | Enter date | |  |  |     *(Add multiple as applicable)* | | |
|  | **Attachment/s | MFSA Annex – AX09**  Provide the respective information for each AIF managed/ to be managed by the Applicant.  *This is only applicable for AIFs not licensed by the MFSA.* | | |
|  | **Organisational Structure** | | |
|  | **Attachment | Organigram**  Provide an organigram of the Applicant for the first (3) years of operations. Location of employees should be identified. | | |
|  | What are the staffing intentions and operational set up of the Applicant at start up stage versus the first (3) years of operations? *(with reference to volume and nature of anticipated business)* | | |
|  | Enter text | | |
|  | **Business Development** | | |
|  | Provide a detailed overview of the programme of operations and intentions of the Applicant over the first (3) years of operation taking into consideration the nature, scale and complexity of the Applicant’s anticipated business. This should also include the sources, nature and scale of business envisaged. | | |
|  | Enter text | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. Governance | | | | | | | | | |
|  | **Management Body** | | | | | | | | | |
|  | **Management Body Structure**  *The responses provided in this sub-section should be in accordance with the document establishing and governing the Applicant’s Management Body.* | | | | | | | | | |
|  | Provide an assessment indicating how the Applicant’s Management Body has the required diversity of knowledge, judgement, and experience to effectively carry out its function/s. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Provide an assessment indicating how the mix of executives, non-executives and independent persons proposed on this Management Body is adequate taking into account the nature, scale and complexity of the business. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Total number of members on the Management Body | | | Enter text | | | | | | |
|  | Minimum number of members on the Management Body | | | Enter text | | | | | | |
|  | Number of members required to constitute a quorum | | | Enter text | | | | | | |
|  | In case of a deadlock, who can exercise a casting vote? | | | Enter text | | | | | | |
|  | **Proposed Members of the Management Body** | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | * 1. Proposed Member of the Management Body | | | | | | | | | | | | *Role within Management Body* | | | | | | | | | | | | Type | Select item | | | If ‘*Formed*’: Status | | Select item | | | | | *Identification* | | | | | | | | | | | | Title | | Select item | | | | | | | | | | Name | | Enter text | | | Surname | | Enter text | | | | | ID Type | | Select item | | | ID Number | | Enter text | | | | | MFSA PQ Code | | Enter text | | | | | | | | | | **Attachment | MFSA Annex – AX02** | | | | | | | | | | | | Outline the respective focus area the person will be responsible for: | | | | | | | | | | | | Enter text | | | | | | | | | | | | *Other involvement/s within the Applicant* | | | | | | | | | | | | Will the person be directly involved in any of the Applicant’s key functions? | | | | | | | | | Select item | | | Type of function carried out | | Enter text | | | | | | | | | | Will the person be directly involved in the provision of the services identified under P2-1.3 of this Application? | | | | | | | | | Select item | | | Specify the role of the person in the provision of these services | | Enter text | | | | | | | | | | *Legal Representation* | | | | | | | | | | | | Will the proposed individual be vested with legal representation of the Applicant? | | | | | | | | Select item | | | | *Base of Operations* | | | | | | | | | | | | Will the proposed individual be based in Malta? | | Select item | If ‘*No*’: Specify the country where the proposed individual is based | | | | | Select country | | | |  | |  | | | | | | | | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | **Prior Members of the Management Body**  *This sub-section is only applicable if the Applicant is already formed.* | | | | | | | | | |
|  | Has any person/s forming part of the management body of the Applicant, over the past 10 years, been (i) dismissed, ii) resigned, or (iii) not sought re-appointment? | | | | | | Select item | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | * 1. Management Body | | | | | | Type | Select item | | | | | Title | Select item | | | | | Name | Enter text | | Surname | Enter text | | Type of Termination | Select item | | | | | Date of resignation / dismissal/end of term | Enter date | | | | | Provide an explanation behind, (i) the dismissal, (ii) the resignation, or (iii) the non-re-appointment. | | Enter text | | | | |  |  | | | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | **Committees** | | | | | | | | | |
|  | **Committees reporting to the Management Body**  *The responses provided in this sub-section should be in accordance with the established Terms of Reference of the Applicant’s Committee/s.* | | | | | | | | | |
|  | Does the Applicant intend to appoint any internal committees? | | | | | | Select item | | | |
|  | If ‘*No*’: Explain how the internal decision making will occur within the Applicant | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | If ‘*Yes*’: Identify the Committee/s and provide the respective details | | | | | | | | | |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | * 1. Committee Details | | | | | | | | *Type and mandate of Committee* | | | | | | | | Type of Committee | Select item | | | If ‘*Other*’:  Committee Type | Enter text | | | Outline the mandate, functions, and duties of the Committee | Enter text | | | | *Committee Members* | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | | * + 1. Committee Member | | | | | Member Name | Enter text | Member Surname | Enter text | | Nature of position | Enter text | MFSA PQ Code (if applicable)[[2]](#footnote-3) | Enter text | |  |  | | |   *(Add multiple as applicable)* | | | | | | | | *Committee Structure* | | | | | | | | Frequency of Meetings | | Select item | If ‘*Other*’: Specify Frequency of Meetings | | | Enter text | | | Frequency of Reporting to the Management Body | | Select item | If ‘*Other*’: Specify frequency | | | Enter text | | | Provide a description of the admission criteria and the election mechanism for the members of the committee | | | | | | Enter text | | | What is the applicable minimum number of members for the Committee? | | | | | | Enter text | | | Number of members required to constitute a quorum | | | | | | Enter text | | | *Delegation to Third-Parties* | | | | | | | | Will the Applicant delegate any of the Committee’s functions and duties? | | | | | | Enter text | | | If ‘*Yes*’: Outline the functions and duties that will be delegated and identify to whom these will be outsourced. | | | | | | Enter text | | |  | | | | | | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | **Internal Control Framework** | | | | | | | | | |
|  | **Systems and Controls** | | | | | | | | | |
|  | Provide an outline of the systems, internal control mechanisms and arrangements in place for effective governance and explain how these will be maintained and overseen | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | **Monitoring and Reporting** | | | | | | | | | |
|  | Provide an outline of the monitoring and reporting mechanisms developed within the internal control system which provide the Management Body with the relevant information to take appropriate decisions | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | **Record Keeping** | | | | | | | | | |
|  | Provide an outline of the policy and procedures in relation to the Record Keeping, including Accounting Records and Customer Records | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | **Business Continuity Management (BCM)** | | | | | | | | | |
|  | Provide an outline of the policy and procedures in relation to the Business Continuity, including the arrangements for critical operations and the respective contingency plans which will be operationalised by the Applicant in the event of an event which may adversely affect its operations to ensure its functioning and satisfaction of its clients’ needs. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Provide details of the procedures which the Applicant shall onboard to regularly test, review and update the adequacy and efficiency of is business continuity plans. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Provide details of how the Applicant will deal with significant continuity events and disruptions, such as the failure of key systems; the loss of key data; the inaccessibility of the premises; and the loss of key persons. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Back-Up Arrangements | | | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | 1. Type of Back-Up (e.g. data, systems etc.): Enter text | | | | | Back-up Location | Select item | If ‘*Other’*: Specify  Back-up Location | Enter text | | If ‘*Cloud based’*: Indicate Service Provider | Enter text | Country / Jurisdiction | * + - * Select country   *(Add multiple as applicable)* | |  | |  | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | **Conflict of Interest** | | | | | | | | | |
|  | Provide an outline of the policy and procedures in relation to the conflicts of interest | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Describe the controls and any other measures put in place to ensure the effective management of conflicts of interest. In this regard, kindly also outline the organisational and administrative arrangements for managing and monitoring conflicts and for the segregation of operational tasks and responsibilities that may generate conflicts of interest. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Does the Applicant foresee any conflicts of interest/s? | | | | | | Select item | | | |
|  | If ‘*Yes*’: Identify and explain the conflict of interest/s foreseen and the respective mitigating measures | | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | |  |  |  | | No. | Conflict of Interest Identification & Description | Mitigating measure | |  | Enter text | Enter text | | |  |  |  | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | In circumstances where arrangements may not prove to be sufficient to prevent the risk of damage to investors, please describe where the Applicant will be disclosing possible sources of conflicts of interests before undertaking business on behalf of investors. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Indicate what arrangements are in place to identify, prevent, manage and monitor potential conflict of interest situations in relation to the activities of the delegates, sub-delegates, external valuer or counterparty. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | **Remuneration Function** | | | | | | | | | |
|  | Provide an outline of the *Identified Staff* within the Applicant whose professional activities materially impact the risk profile of the Applicant or the fund/s it manages and a description as to how ‘Identified Staff’ were assessed and selected. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | If a renumeration committee will not be established, kindly provide:  an indication by whom the tasks of remuneration will be performed; and  details as to the reason why the Applicant does not need to establish a remuneration committee. *The reason must be grounded in terms of the 'Proportionality Principle' according to the Applicant's size internal organisation and the nature, scope and complexity of its activities.* | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Explain how the Applicant’s rules on the structure of pay are consistent with sound and effective risk management and in line with the interests of the Applicant, its funds and investors | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Kindly explain   * + 1. how the remuneration policy ensures a balance between fixed and variable components of total remuneration;     2. the measurement of performance of the funds as well as their structure; and     3. how variable remuneration is adjusted for risk, where appropriate | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Describe briefly the approach to be taken with regard to the remuneration of control functions as referred to in the ESMA Guidelines and outline the manner in which conflicts of interest will be avoided. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Indicate the remuneration disclosure arrangements that the Applicant will have in place. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | *Exception - Derogation Request*  Does the Applicant intend to avail itself of a temporary derogation from the requirements related to the pay-out process or the establishment of a renumeration committee? | | | | | | | | Select item | |
|  | If ‘Yes’, indicate the type of Derogation | | | | | | | | Select item | |
|  | If ‘Yes’, kindly also provide a justifiable explanation indicating why the Applicant is proposing to utilise this derogation given its nature, scale and complexity. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | **Valuation Function**  *This section is applicable to AIFMs* | | | | | | | | | |
|  | Kindly indicate whether the valuation function shall be carried out internally by the AIFM itself, or else whether external valuers shall be appointed. | | | | | | Select item | | | |
|  | **Internal valuation function** | | | | | | | | | |
|  | Please indicate by whom the valuation will be undertaken, demonstrating how the valuation task is functionally independent from the portfolio management and the remuneration policy. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Please also describe other measures ensuring that conflicts of interest are mitigated and that undue influence upon the employees undertaking the valuation task is prevented | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | **Valuation Officer/s** | | | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | |  | | | | | Title | Select item | | | | Name | Enter text | Surname | Enter text | | Identification Document (‘ID’) Type | Select item | ID Number | Enter text | |  | | | | |  | | | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | Kindly demonstrate that the person/s who will be undertaking the valuation within the Applicant have the necessary expertise and competence to carry out such role | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | **External Valuer/s** | | | | | | | | | |
|  | If available, kindly identify the External Valuer/s that will be appointed by the Applicant. | | | | | | | | | |
|  | |  |  | | --- | --- | | 1. Third-Party Outsourcing Provider | | | Name of External Valuer | Enter text | | Registration number  *(if applicable)* | Enter text | | Nature and type of assets to be valued | Enter text | |  | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | Kindly confirm and demonstrate how the identified valuers are independent from the AIF, the Applicant and any other persons with close links to the AIF or the Applicant. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Please comment on the due diligence undertaken on the external valuer/s and demonstrate that:   1. the external valuer/s is/are subject to mandatory professional registration recognised by law or regulatory provisions or rules of professional conduct; 2. the external valuer/s can provide sufficient professional guarantees to be able to perform effectively the relevant valuation function; 3. the appointment of the external valuer/s complies with the requirements of Article 20(1) and (2) of the AIFMD as well the Commission Delegated Regulation adopted pursuant to Article 20(7). | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | If the valuation function will be undertaken by the depositary of the AIF/s to be managed by the Applicant, kindly demonstrate that there is a functional and hierarchical separation of the depositary functions from its tasks as external valuer and provide also an outline of how potential conflict of interest are properly identified, managed, monitored and disclosed to the investors of the AIF. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | **Internal Audit Function** | | | | | | | | | |
|  | **General Details** | | | | | | | | | |
|  | Provide an overview of the internal audit function structure, its resources and reporting procedures. Kindly also provide a description of the professional experience of the identified person/s with regards to the proposed function. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | *Exception - Independence* *Derogation Request*  Does the Applicant intend to avail itself of a temporary derogation from the independence requirement in relation to the internal audit function? | | | | | | Select item | | | |
|  | If *‘Yes’*, provide the following information: | | | | | | | | | |
|  | * + Provide a justifiable explanation indicating why the Applicant is proposing to utilise this derogation given the nature, scale and complexity of the Applicant. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | * + Explain how the Applicant will ensure that this will not give rise to conflicts of interest. | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | **Third-Party Outsourcing** | | | | | | | | | |
|  | Does the Applicant intend to outsource all, or part of its Internal Audit Function to a Third-Party Outsourcing Provider? | | | | | | | Select item | | |
|  | If ‘*Yes*’: Identify the Third-Party Outsourcing Provider/s. | | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | | 1. Third-Party Outsourcing Provider | | | | Name of Third-Party Outsourcing Provider | Enter text | | Registration number  *(if applicable)* | Enter text | |  | | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | **Attachment | MFSA Annex – AX03** | | | | | | | | | |
|  | **Internal Audit Officer** | | | | | | | | | |
|  | Title | Select item | | | | | | | | |
|  | Name | Enter text | | |  | Surname | Enter text | | | |
|  | Identification Document (‘ID’) Type | Select item | | |  | ID Number | Enter text | | | |
|  | MFSA PQ Code (if applicable) | Enter text | | | | | | | | |
|  | **Key Function Holders** | | | | | | | | | |
|  | Identify the Key Function Holders which require a PQ *except Compliance Officer, Money Laundering Reporting Officer, Internal Audit, Branch Managers, ICT Managers and Risk Officer* | | | | | | | | | |
|  | *(Add multiple as applicable)*   |  |  |  |  | | --- | --- | --- | --- | |  | | | | | * 1. Key Function Holder | | | | | Title | Select item | | | | Name | Enter text | Surname | Enter text | | Identification Document (‘ID’) Type | Select item | ID Number | Enter text | | MFSA PQ Code | Enter text | | | | Position Title | Enter text | | | | Will the person be involved in the provision of the financial service? | | | Select item | | Type of function carried out | Enter text | | | | Reporting line | Select item | | | | Will the proposed individual be based in Malta? | Select item | If ‘*No*’: Specify the country where the proposed individual is based | Select country | |  | | | | | | | | | | | | | |
|  | **Third-Party Functionaries** | | | | | | | | | |
|  | **External Auditor** | | | | | | | | | |
|  | Status | | Select item | | | | | | | |
|  | Name of External Audit Firm  *(if applicable)* | | Enter text | | | | | | | |
|  | Date of Appointment | | Enter date | | | | | | | |
|  | **Past External Auditor/s**  *This sub-section is only applicable if the Applicant is already Formed.* | | | | | | | | | |
|  | Did the Applicant have other external auditor/s in the past 5 years? | | | | | | Select item | | | |
|  | If ‘*Yes*’: Identify the past external auditor/s and provide the reason behind the change. | | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | |  | | | | 1. External Auditor | | | | Name of External Auditor | | Enter text | | Reason for change | | Enter text | |  | | |   *(Add multiple as applicable)* | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. Risk Management | | | | | | | |
|  | **Risk Management Function** | | | | | | | |
|  | **General Details** | | | | | | | |
|  | Provide an overview of the structure of the risk management function, its resources and reporting lines. | | | | | | | |
|  | Enter text | | | | | | | |
|  | Will the Applicant have a permanent risk management function which is functionally and hierarchically separated/ independent from the operating units? | | | | | Select item | | |
|  | If *‘Yes’*, please describe the independent permanent risk management function of the Applicant to be established to oversee the implementation of the risk management policy and systems of the funds under management, by providing the following information: | | | | | | | |
|  | * + The duties of the risk management function. | | | | | | | |
|  | Enter text | | | | | | | |
|  | * + Any other functions to be exercised by the risk management function. | | | | | | | |
|  | Enter text | | | | | | | |
|  | * + The safeguards put in place to ensure that conflicts of interests will not prejudice the independence of the risk management function. | | | | | | | |
|  | Enter text | | | | | | | |
|  | If *‘No’*, provide the following information: | | | | | | | |
|  | * + A justifiable explanation indicating why the Applicant is proposing to utilise this derogation given the nature, scale and complexity of the Applicant. | | | | | | | |
|  | Enter text | | | | | | | |
| * + Kindly demonstrate that specific safeguards against conflicts of interest will allow for the independent performance of risk management activities and that the risk management process satisfies the requirements of Article 15 of the AIFMD and Article 51 of the UCITS Directive (as applicable) and is consistently effective. | | | | | | | |
|  | Enter text | | | | | | | |
|  | **Delegation/ Third-Party Outsourcing** | | | | | | | |
|  | Does the Applicant intend to outsource all, or part of its Risk Management Function to a Third-Party Outsourcing Provider? | | | | | | Select item | |
|  | If ‘*Yes*’: Identify the Third-Party Outsourcing Provider/s. | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | 1. Third-Party Outsourcing Provider | | | | Name of Third-Party Outsourcing Provider | Enter text | | Registration number  *(if applicable)* | Enter text | |  | | | |   *(Add multiple as applicable)* | | | | | | | |
|  | **Attachment | MFSA Annex – AX03** | | | | | | | |
|  | **Risk Officer** | | | | | | | |
|  | **Identification** | | | | | | | |
|  | Title | Select item | | | | | | |
|  | Name | Enter text |  | Surname | Enter text | | | |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text | | | |
|  | MFSA PQ Code | Enter text | | | | | | |
|  | **Risk Management Framework** | | | | | | | |
|  | Provide an outline of the Applicant’s risk management framework, explaining the Applicant’s high-level strategy for identifying and managing risks to its business, including money laundering and terrorist financing risks. | | | | | | | |
|  | Enter text | | | | | | | |
|  | Provide an outline of the Applicant’s top 5 anticipated risks, excluding AML/CFT risks, indicating the respective tolerance limits, and proposed monitoring and mitigating measures. | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | No. | Anticipated Risk | Tolerance Limit | Mitigating Measure/s | | i. | Enter text | Enter text | Enter text | | ii. | Enter text | Enter text | Enter text | | iii. | Enter text | Enter text | Enter text | | iv. | Enter text | Enter text | Enter text | | v. | Enter text | Enter text | Enter text | | | | | | | | |
|  | **Attachment | Risk Management Policy**  *Provide the Risk Management Policy which should address the requirements stemming from Article 51 of the UCITS Directive and Article 15 of the AIFMD as applicable* | | | | | | | |
|  | **Attachment | MFSA Annex – AX28 in the case of AIFMs and AX29 in the case of UCITS ManCos** | | | | | | | |
|  | **Leverage**  *This section is applicable to AIFMs only* | | | | | | | |
|  | Indicate for each AIF to be managed by the Applicant, the maximum level of leverage authorised and the extent of the right to reuse collateral or guarantee that is/ could be granted under the leverage arrangement | | | | | | | |
|  | Enter text | | | | | | | |
|  | Comment on how the leverage limits set by the Applicant for each AIF it intends to manage are reasonable and indicate the procedures in place to ensure that the Applicant will comply with those limits at all times. | | | | | | | |
|  | Enter text | | | | | | | |
|  | **Liquidity management** | | | | | | | |
|  | Please provide a detailed description of the liquidity management systems that the Applicant will have in place for each fund to be managed by it – including details regarding how the Applicant will for each fund that it will manage ensure that the investment strategy, the liquidity profile and the redemption policy are consistent and ensuring compliance with the relevant Directives and Regulations. | | | | | | | |
|  | Enter text | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. Investment in Securitisation Positions   *This section is only applicable to AIFMs that have any current investment in securitisation positions or otherwise intend to seek exposure to securitisation positions* | | | | | | | | | | | | | | | | | | | | |
|  | Please specify the AIF on behalf of which such securitisation exists or is otherwise sought and the rationale for such exposure | | | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | | | |
|  | **Exposure to a material value of credit risk of securitisation** | | | | | | | | | | | | | | | | | | | |
|  | Outline what monitoring procedures are in place (commensurate with the risk profile of the relevant AIF in relation to the credit risk of a securitisation position) in order to enable the AIFM to monitor, on an on-going basis and in a timely manner, performance information on the exposures underlying such securitisation positions | | | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | | | |
|  | Outline what arrangements are in place to identify, measure, manage, control and report the risks that arise because of mismatches between the assets and liabilities of the relevant AIF, concentration risk or investment risk arising from these instruments | | | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | | | |
|  | Indicate the percentage of material net economic interest retained by the originator, sponsor or original lender on an on-going basis as specifically disclosed to the AIFM | | | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | | | |
|  | **Stress-Testing** | | | | | | | | | | | | | | | | | | | |
|  | Specify the frequency of stress testing of the securitisation positions in terms of Article 53(2) of the Commission Delegated Regulation | | | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | | | |
| * 1. Compliance | | | | | | | | | | | | | | | | | | | | |
|  | | **Compliance Function** | | | | | | | | | | | | | | | | | | |
|  | | **General Details** | | | | | | | | | | | | | | | | | | |
|  | | Provide an overview of the structure of the compliance function, its resources and reporting lines | | | | | | | | | | | | | | | | | | |
|  | | Enter text | | | | | | | | | | | | | | | | | | |
|  | | Explain how the Applicant intends to maintain the independence of the compliance function | | | | | | | | | | | | | | | | | | |
|  | | Enter text | | | | | | | | | | | | | | | | | | |
|  | | **Third-Party Outsourcing** | | | | | | | | | | | | | | | | | | |
|  | | Does the Applicant intend to outsource all, or part of its compliance function to a third-party outsourcing provider? | | | | | | | | | | | | | | Select item | | | | |
|  | | If ‘*Yes*’: Identify the third-party outsourcing provider/s. | | | | | | | | | | | | | | | | | | |
|  | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | 1. Third-Party Outsourcing Provider | | | | Name of Third-Party Outsourcing Provider | Enter text | | Registration number  *(if applicable)* | Enter text | |  | | | |   *(Add multiple as applicable)* | | | | | | | | | | | | | | | | | | |
|  | | **Attachment | MFSA Annex – AX03** | | | | | | | | | | | | | | | | | | |
|  | | **Compliance Officer** | | | | | | | | | | | | | | | | | | |
|  | | **Identification** | | | | | | | | | | | | | | | | | | |
|  | | Title | | Select item | | | | | | | | | | | | | | | | |
|  | | Name | | Enter text | |  | | Surname | | | | | | | Enter text | | | | | |
|  | | Identification Document (‘ID’) Type | | Select item | |  | | ID Number | | | | | | | Enter text | | | | | |
|  | | MFSA PQ Code | | Enter text | | | | | | | | | | | | | | | | |
|  | | **Other Positions** | | | | | | | | | | | | | | | | | | |
|  | | Does the Compliance Officer hold or intend to hold any other positions within the Applicant? | | | | | | | | | | | | | | | Select item | | | |
|  | | If ‘*Yes*’: Provide an explanation on the nature of the position/s | | | | | | | | | | | | | | | | | | |
|  | | Enter text | | | | | | | | | | | | | | | | | | |
|  | | **Compliance Framework** | | | | | | | | | | | | | | | | | | |
|  | | Provide an outline of the Applicant’s Compliance Framework, including Policies and Procedures | | | | | | | | | | | | | | | | | | |
|  | | Enter text | | | | | | | | | | | | | | | | | | |
| * 1. Other outsourcing arrangements | | | | | | | | | | | | | | | | | | | |
|  | | **Delegation**  *Note: No delegation of portfolio or risk management can be conferred on the depositary or a delegate of the depositary* | | | | | | | | | | | | | | | | | | |
|  | | Does the Applicant intend to outsource any of its activities in connection with its regulated business other than those already identified throughout this application: | | | | | | | | | | | | Select item | | | | | | |
|  | | If yes, fill in the below for every outsourcing arrangement: | | | | | | | | | | | | | | | | | | |
|  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Name of the Outsourcing Provider | Enter text | | Registration number  *(if applicable)* | Enter text | | Regulatory status  *(if applicable)* | Enter text | | Activities to be outsourced | Enter text | | The monitoring arrangements that will be in place (including the frequency thereof) | Enter text | |  | | | |   *(Add multiple as applicable)* | | | | | | | | | | | | | | | | | | |
|  | | In the case of AIFMs, please demonstrate how the Applicant complies with Articles 75 to 82 of the Commission Delegated Regulation (EU) No 231/2013 | | | | | | | | | | | | | | | | | | |
|  | | Enter text | | | | | | | | | | | | | | | | | | |
|  | | In the case of UCITS ManCos, please demonstrate how the Applicant complies with Article 13 of the UCITS Directive | | | | | | | | | | | | | | | | | | |
|  | | Enter text | | | | | | | | | | | | | | | | | | |
|  | | **Rationale** | | | | | | | | | | | | | | | | | | |
|  | | Please provide a detailed description, explanation and evidence of the objective reasons for the delegation arrangements | | | | | | | | | | | | | | | | | | |
|  | | Enter text | | | | | | | | | | | | | | | | | | |
|  | | Kindly justify the extent of delegation of the Applicant with reference to the following criteria:   1. the types of assets the fund is invested in, and the importance of the assets managed under delegation for the risk and return profile of the fund; 2. the importance of the assets under delegation for the achievement of the investment goals of the fund; 3. The geographical and sectoral spread of the fund’s investments; and 4. the risk profile of the fund and the type of investment strategies pursued by the fund | | | | | | | | | | | | | | | | | | |
|  | | Enter text | | | | | | | | | | | | | | | | | | |
|  | | **Sub-Delegation** | | | | | | | | | | | | | | | | | | |
|  | | Outline (if applicable) any sub-delegation arrangements, providing the following details:  name of the sub-delegate;  details of the type of authorisation;  location and registration status of the delegate; and  functions being sub-delegated | | | | | | | | | | | | | | | | | | |
|  | | Enter text | | | | | | | | | | | | | | | | | | |
|  | | Have the risk management or portfolio management functions been sub-delegated to a party whose interests may conflict with those of the Applicant or the investors of the funds under management? | | | | | | | | | | | | | | | | | | |
|  | | Select item | | | | | | | | | | | | | | | | | | |
|  | | If Yes, please outline any potential conflicts of interest and explain what arrangements are in place for such sub-delegate to satisfy the provisions outlined in Article 20(2)(b) of the AIFMD. In the case of UCITS ManCos, please clarify how this arrangement would be compliant with Article 13(1)(e) of the UCITS Directive. | | | | | | | | | | | | | | | | | | |
|  | | Enter text | | | | | | | | | | | | | | | | | | |
|  | | If No, explain how the existing sub-delegation arrangements are considered not to give rise to potential conflicts of interest. | | | | | | | | | | | | | | | | | | |
|  | | Enter text | | | | | | | | | | | | | | | | | | |
| * 1. Conduct | | | | | | | | | | | | | | | | | | | | |
|  | **Provision of investment services in third countries/ Passporting** | | | | | | | | | | | | | | | | | | | |
|  | **EU/ EEA States**  *It is noted that any details provided in this sub-section will not exonerate the Applicant from the requirements and procedures outlined in the relevant passporting regulations, which would need to be followed if an authorisation is granted.* | | | | | | | | | | | | | | | | | | | |
|  | Does the Applicant intend to operate in another EU/EEA jurisdiction following authorisation? | | | | | | | | | | | | | | | | Select item | | | |
|  | If ‘*Yes*’: Indicate the EU/EEA country/ies within which the Applicant intends to provide its activity and the type of authorisation intended to be pursued | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | |  | | | | | No. | Country | Activities | Intended Type of Passporting/Authorisation | |  | Select item | Enter text | Select item | |  | | | |   *(Add multiple as applicable)* | | | | | | | | | | | | | | | | | | | |
|  | **Third Countries** | | | | | | | | | | | | | | | | | | | |
|  | Does the Applicant intend to provide service/activities in a Third Country following authorisation? | | | | | | | | | | | | | | | | Select item | | | |
|  | If ‘*Yes*’: Indicate (i) the Third Country/ies within which the Applicant intends to provide its activities; (ii) the respective activities to be provided, (iii) whether an authorisation is currently being sought; and (iii) whether a legal determination has been carried out outlining whether these services are in accordance with the laws of the Third Country | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | No. | Country | Activities | Does the Applicant intend to obtain authorisation to provide such services? | Has a legal determination been made as to whether these services are in accordance with the laws of the Third Country | |  | Select item | Enter text | Select item | Select item | | |  | | | | | | | |   *(Add multiple as applicable)* | | | | | | | | | | | | | | | | | | | | |
| * 1. Prudential | | | | | | | | | | | | | | | | | | | | |
|  | **Accounting Reference Date & Reporting Currency** | | | | | | | | | | | | | | | | | | | |
|  | Indicate the accounting reference date (financial year end) | | | | | | | | | | | | | | | Enter date | | | | |
|  | Indicate the Reporting Currency | | | | | | | | | | | | | | | Select item | | | | |
|  | **Initial Capital (upon issue of licence)** | | | | | | | | | | | | | | | | | | | |
|  | Share Capital Currency | | | | Select item | | | | | | | | | | | | | | | |
|  | Authorised Share Capital | | | | Enter text | | | | | | | | | | | | | | | |
|  | Issued Share Capital | | | | Enter text | | | | | | | | | | | | | | | |
|  | Paid Up Share Capital | | | | Enter text | | | | | | | | | | | | | | | |
|  | **Additional own funds** | | | | | | | | | | | | | | | | | | | |
|  | Value of the portfolios of funds managed or intended to be managed by the Applicant (expressed in €)  *Note: Value should correspond to that outlined under Q3.4.1.1* | | | | | | | | | € Enter text | | | | | | | | | | |
|  | Amount of Applicant's additional own funds (expressed in €) | | | | | | | | | € Enter text | | | | | | | | | | |
|  | Where the portfolio value of funds managed by the Applicant exceeds €250 million, show how the additional own funds requirements as specified in Art.9 of the AIFMD and/or Art.7 of the UCITS Directive (as applicable) are satisfied, specifying the types of assets in which the own funds are invested in accordance with the said Articles. | | | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | | | |
|  | Will the Applicant partly satisfy its additional own funds requirements by way of a guarantee in accordance with Article 9(6) of the AIFMD or Article 7(1) of the UCITS Directive (as applicable)? | | | | | | | | | | | | | | | | | Select item | | |
|  | If ‘yes’, kindly provide details in relation to the guarantee, including information on the credit institution/insurer underwriting the guarantee and details on its registered office in accordance with the said Articles | | | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | | | |
|  | **Statutory Information** | | | | | | | | | | | | | | | | | | | |
|  | **Attachment | Statutory Financial Statements**  *If 'Formed':* Provide the statutory financial statements of the Applicant, for at least the last three financial years where the Applicant has been in operation, before the application, for that period of time (or such shorter period of time during which the Applicant has been in operation before the application and in respect of which financial statements were prepared), indicating, in the case of statements prepared on a consolidated or sub-consolidated basis, the share represented by the Applicant, such statements being approved by the statutory auditor or audit firm. | | | | | | | | | | | | | | | | | | | |
|  | *This Attachment should include:*   * 1. Statement of Financial Position;   2. Statement of Profit or Loss and Other Comprehensive Income;   3. Statement of Changes in Equity;   4. Statement of Cash Flows; and   5. the annual reports and financial annexes and any other documents filed with the competent registry or authority and, where applicable, a report by the company’s auditor of the last three years or since the beginning of the activity if shorter. | | | | | | | | | | | | | | | | | | | |
|  | **Insurance and Indemnity** | | | | | | | | | | | | | | | | | | | |
|  | **Professional Liability Risks**  *This section is applicable to AIFMs only* | | | | | | | | | | | | | | | | | | | |
|  | Specify how the AIFM covers potential liability risks caused through the negligent performance of activities for which an AIFM has legal responsibility - i.e. whether through a Professional Indemnity insurance or by having additional own funds | | | | | | | | | | | | Select item | | | | | | |
|  | In case of additional own funds, specify the level of increased own funds including the % that this comprises of the value of the portfolios of AIFs managed  *The minimum provision should at least be equal to 0.01% of the value of the portfolios of AIFs managed* | | | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | | | |
|  | Specify the types of assets in which the own funds are invested.  *Article 9(8) of the AIFMD requires the own funds of an AIFM, including additional own funds, to be invested in liquid assets or assets readily convertible to cash in the short term and not speculative positions* | | | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | | | |
|  | In case of a Professional Indemnity Insurance, kindly indicate: | | | | | | | | | | | | | | | | | | | |
|  | Professional Indemnity Insurance Status | | | | | | | | | Select item | | | | | | | | | | |
|  | Amount of comparable guarantee *(if applicable)* | | | | | | | | | € Enter text | | | | | | | | | | |
|  | Cover *(limit of indemnity per claim)* | | | | | | | | | € Enter text | | | | | | | | | | |
|  | Cover *(limit of indemnity in aggregate)* | | | | | | | | | € Enter text | | | | | | | | | | |
|  | Excess *(overall annual limit)* | | | | | | | | | € Enter text | | | | | | | | | | |
|  | The professional liability risks that are covered by the insurance | | | | | | | | | Enter text | | | | | | | | | | |
|  | Will the Professional Indemnity Insurance Policy be governed by Maltese Law? | | | | | | | | | Select item | | | | | | | | | | |
|  | If ‘*No*’: Indicate country governing law | | | | | | | | | Enter text | | | | | | | | | | |
|  | **Other Insurance** | | | | | | | | | | | | | | | | | | | |
|  | Has the Applicant issued, or does the Applicant propose to issue, another insurance cover apart from any professional indemnity insurance as specified in Question 9.7.1.1? | | | | | | | | | | | | | | | Select item | | | | |
|  | If ‘*Yes*’: Provide details of any other insurance cover that the Applicant has obtained / intends to obtain | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | --- | --- | | 1. Insurance Cover | | | Other Insurance Status | Select item | | Type of Insurance Arrangement | Enter text | | Cover  *(Limit of indemnity per claim)* | € Enter text | | Excess  *(Overall annual limit)* | € Enter text |   *(Add multiple as applicable)* | | | | | | | | | | | | | | | | | | | |
| * 1. Anti-Money Laundering & Counter Financing of Terrorism | | | | | | | | | | | | | | | | | | | | |
|  | **AML & CFT Function** | | | | | | | | | | | | | | | | | |
|  | **General Details** | | | | | | | | | | | | | | | | | |
|  | Provide an overview of the structure of the Applicant's AML/CFT function, including its resources and respective reporting lines, in line with the proposed volume and value of business being proposed | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | Explain how the Applicant intends to maintain the independence of the AML/CFT function | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | **Third-Party Outsourcing** | | | | | | | | | | | | | | | | | |
|  | Does the Applicant intend to outsource any aspect/s of its AML/CFT obligations to a Third-Party Outsourcing Provider/s in line with the FIAU Implementing Procedures? | | | | | | | | | | Select item | | | | | | | |
|  | If ‘*Yes*’: Identify the Third-Party Outsourcing Provider/s. | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | * 1. Third-Party Outsourcing Provider | | | Name of Third-Party Outsourcing Provider | Enter text | | Registration number  *(if applicable)* | Enter text | |  | | |   *(Add multiple as applicable)* | | | | | | | | | | | | | | | | | |
|  | **Attachment | MFSA Annex – AX03** | | | | | | | | | | | | | | | | | |
|  | **Money Laundering Reporting Officer** | | | | | | | | | | | | | | | | | |
|  | **Identification** | | | | | | | | | | | | | | | | | |
|  | Title | | Select item | | | | | | | | | | | | | | | |
|  | Name | | Enter text | | | |  | | Surname | | | Enter text | | | | | | |
|  | Identification Document (‘ID’) Type | | Select item | | | |  | | ID Number | | | Enter text | | | | | | |
|  | MFSA PQ Code | | Enter text | | | | | | | | | | | | | | | |
|  | **Other Positions** | | | | | | | | | | | | | | | | | |
|  | Does the Money Laundering Reporting Officer hold or intend to hold any other positions within the Applicant? | | | | | | | | | | Select item | | | | | | | |
|  | If ‘*Yes*’: Provide an explanation on the nature of the position/s | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | **FIAU Implementing Procedures** | | | | | | | | | | | | | | | | | |
|  | How will the Money Laundering Reporting Officer satisfy the requirements emanating from the FIAU implementing procedures? | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | **AML & CFT Framework** | | | | | | | | | | | | | | | | | |
|  | **Business Risk Assessment** | | | | | | | | | | | | | | | | | |
|  | Indicate the top three highest inherent risks reflected in the Applicant’s Business Risk Assessment (‘BRA’) | | | | | | | | | | | | | | | | | |
|  | |  |  | | --- | --- | | No. | BRA risk | |  | Enter text | |  | Enter text | |  | Enter text | | | | | | | | | | | | | | | | | | |
|  | Provide an outline of the main controls envisaged by the Applicant to mitigate the inherent risks | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | **Customer Acceptance Policy** | | | | | | | | | | | | | | | | | |
|  | Provide an outline of the Applicant's customer acceptance policy, clearly detailing the type of customers identified by Applicant which are likely to pose higher risk of financial crime | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | Provide an overview of the Applicant's AML & CFT risk appetite | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | Indicate the main scenarios were servicing a potential/ existing customer is declined by the Applicant | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | **Customer Risk Assessment** | | | | | | | | | | | | | | | | | |
|  | Provide details on the Applicant’s Customer Risk Assessment (‘CRA’), including a description of the proposed risk assessment methodology, risk scoring thresholds, ongoing screening and how findings will be recorded | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | Does the Applicant have an Enhanced Due Diligence (‘EDD’) procedure in place? | | | | | | | | | | Select item | | | | | | | |
|  | If '*Yes*': Provide an overview of the said procedures and which instances would trigger EDD. If '*No*': Provide further details as to why such procedures have not been established | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | Indicate the main risks envisaged which will be reflected in the Applicant’s CRA | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | Provide an outline of the procedures to be followed when an employee of the Applicant knows or suspects, or there are grounds to suspect that a person and/or transaction is connected to any financial crime activity | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | Explain the type of payment screening that will be carried out by the Applicant to ensure that funds are coming from legitimate sources, if applicable | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |
|  | **Policies, Procedures and Manuals** | | | | | | | | | | | | | | | | | |
|  | Provide an overview of the Applicant's AML & CFT policies, procedures and manuals (other than those mentioned above) | | | | | | | | | | | | | | | | | |
|  | Enter text | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration Form** | | | |
| *Following submission of the Application, this Declaration Form should be printed and sent, originally signed, to the attention of* ***Authorisations, Investment Services Supervision Function, MFSA****. It is to be noted that only this form should be sent physically to the Authority and that should the Applicant submit the entire Application, only the version submitted via the LH Portal shall be maintained and used for the purposes of the MFSA’s authorisation processes.*  *This Declaration Form should be signed by the two signatories vested with legal representation of the Applicant.* | | | |
| The undersigned, on behalf of Applicant, declare that:   1. Application Submission and Authorisation Requirements    1. the Applicant has resolved to apply for authorisation with the MFSA for the activities provided for within this Application;    2. the Applicant has duly authorised the undersigned to complete and submit this Application to the MFSA;    3. the Applicant is aware of the requirements under the provisions of the Act and other respective national or European Regulatory Frameworks or other binding regulation as may be applicable; and    4. the Applicant shall at time of authorisation, should this be granted, be in adherence with the obligations stipulated under point 1 (c) above. 2. Information Provided to Authority    1. the information given in answer to the questions within the Application is complete and accurate to the best of our knowledge, information and belief and that there are no other facts relevant to this Application of which the Authority should be aware;    2. the Applicant has not tampered with, or modified in any manner, this Application or its respective Annexes, and understands that such tampering with, or modification in any manner of these documents will result in a refusal of this Application;    3. there are no inconsistencies between the provisions of the Constitutional Documents, the documents submitted with this Application (where applicable) and the information given in answer to the questions within the Application;    4. the MFSA will be notified immediately if the information given in answer to the questions within the Application changes and/or affects the completeness or accuracy the Application either prior to or subsequent to authorisation should this be granted; and    5. this Declaration Form corresponds to the Application submitted to the Authority via the LH Portal bearing the following ID:  |  |  | | --- | --- | | **Application ID**  *This ID is provided automatically by the MFSA through the LH Portal and is not required for the on-line submission of the Application. In this respect, following submission of this Application via the LH Portal the Application ID will be available on the submission page and also within the acknowledgement email.* | Enter text |  * 1. the following documentation as indicated in the below have been submitted together with this Application:  |  |  |  | | --- | --- | --- | | Checklist of Documentation to be Submitted with the Application | | | | i. | | Application Fee | Select item | | | ii. | | Case Evidence (if applicable) | Enter number of submissions | | | iii. | | Group Structure Diagram | Select item | | | iv. | | Constitutional Documents/ Instruments of Incorporation | Enter number of submissions | | | v. | | Organigram | Select item | | | vi. | | Personal Questionnaire/s | Enter number of submissions | | | vii. | | Own Funds | Select item | | | vii. | | Specimen copies of the insurance policies and draft schedule/cover note (where applicable) | Select item | | | ix. | | Statutory Financial Statements | Enter number of submissions | | | x. | | Financial Projections | Select item | | | xi. | | Financial Resources Statement | Select item | | | xii. | | Risk Management Policy | Select item | | | xiii. | | MFSA Annex – AX01 | Enter number of submissions | | | xiv. | | MFSA Annex – AX02 | Enter number of submissions | | | xv. | | MFSA Annex – AX03 | Enter number of submissions | | | xvi. | | MFSA Annex – AX04 | Select item | | | xvii. | | MFSA Annex – AX09 | Enter number of submissions | | | xviii. | | MFSA Annex – AX18 | Enter number of submissions | | | xix. | | MFSA Annex – AX23 | Select item | | | xx. | | MFSA Annex – AX27 | Select item | | | xxi. | | MFSA Annex – AX28 | Select item | | | xxii. | | MFSA Annex – AX29 | Select item | | | xxiii. | | Applicable resolutions from the Applicant’s Governing Body | Enter number of submissions | | | xxiv. | | Terms of Reference of Committees to be established by the Applicant | Enter number of submissions | | | xxv. | | Declaration by the governing body of the Applicant in line with the Authority's circular dated 3 July 2020 with respect to the fitness and properness assessment of Committee Members involved with Investment Services Licence Holders and Collective Investment Schemes (as applicable) | Select item | |  1. Representatives and Disclosure    1. the MFSA is hereby being authorised to contact the representatives provide by the Applicant under Section 1 of Part 1 of this Application;    2. the MFSA is hereby being authorised to make such enquiries as it may consider necessary in connection with this Application; and    3. the MFSA is hereby being authorised to contact any or all of the above-named or any other person considered by the Authority to be relevant, both at the date of application and at any time in the future unless and until I/we rescind this authority in writing. 2. Privacy Notice    1. I/we have read and understood the [MFSA Privacy Notice](https://www.mfsa.mt/privacy-notice/)[[3]](#footnote-4) and the terms and conditions included therein. | | | |
| Signature 1 |  |  | |
| Name | Enter text | Surname | Enter text |
| Position | Enter text |
| Date | Enter date |
|  | |
| Signature 2 |  | | | |
| Name | Enter text | Surname | Enter text | |
| Position | Enter text |
| Date | Enter date |

1. Where the Applicant intends to provide administration services, a Recognition Certificate in terms of Article 9A of the Investment Services Act is required and the respective Application Form would need to be filled in. [↑](#footnote-ref-2)
2. Refer to circular titled “Circular on the Fitness and Properness Assessment of Committee Members involved with Investment Services Licence Holders and Collective Investment Schemes” dated 03 July 2020. [(link)](https://www.mfsa.mt/wp-content/uploads/2020/07/Circular-on-the-Fitness-and-Properness-Assessment-of-Committee-Members-involved-with-Investment-Services-Licence-Holders-and-Collective-Investment-Schemes.pdf) [↑](#footnote-ref-3)
3. For further information visit: <https://www.mfsa.mt/privacy-notice/> [↑](#footnote-ref-4)