

Notification Form for pre-marketing to potential professional investors in the European Union



For the purpose of notifying pre-marketing arrangements by Maltese authorised Alternative Investment Fund Managers (AIFMs) pursuant to the CBDF Regulation 2019/1156.

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The AIFM/EuVECA manager/EuSEF manager hereby confirms that the premarketing to professional investors is taking or has taken place in conformity with the conditions under (please tick the appropriate box):

Article 30a of the AIFMD

Article 4a of the EuSEF Regulation

Article 4a of the EuVECA Regulation

Member State(s) in which pre-marketing to professional investors is taking or has taken place:

[Insert text here]

Period during which pre-marketing is taking place or has taken place [for each of the Member State(s) indicated above]

[Insert text here]

Name of the AIFM/EuVECA manager/EuSEF manager:

 [Insert text here]

Address and registered office/domicile if different from address:

[Insert text here]

Details of AIFMs/EuVECA manager’s/EuSEF manager’s website:

[Insert text here]

Details of contact person at the AIFM/EuSEF manager/EuVECA manager:

[Insert text here]

Name of third party engaging in pre-marketing on behalf of the AIFM/EuSEF manager/EuVECA manager, if applicable:

[Insert text here]

Address and registered office/domicile of the third party (if different from address):

[Insert text here]

Details of the third party’s website:

[Insert text here]

Details of third party’s contact person:

[Insert text here]

The third party acting on behalf of the AIFM/EuVECA manager/EuSEF manager is authorized as (please tick the appropriate box):

an investment firm in accordance with Directive 2014/65/EU;

a credit institution in accordance with Directive 2013/36/EU;

a UCITS management company in accordance with Directive 2009/65/EC;

an authorised AIFM in accordance with the AIFMD;

a tied agent in accordance with Directive 2014/65/EU.

Description of the pre-marketing information provided [including information on the investment strategies presented]:

[Insert text here]

Name of the AIF:

[Insert text here]

Constitution date of the AIF, if constituted:

[Insert text here]

AIF’s home Member State or home country:

[Insert text here]

Legal form of the AIF (please tick the appropriate box):

common fund

investment fund

other (please specify) : [Insert text here]

Does the AIF have compartments?

Yes

No

AIF/Compartment have to complete the following table:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the AIF/ compartment to be pre-marketed | AIF home Member State | Is the AIF/compartment already constituted (If yes, to include constitution date) | AIF`s/Compartment`s Investment Strategy |
| [Insert text here] | [Insert text here] | [Insert text here] | [Insert text here] |

The AIFM/EuVECA manager/ EuSEF manager hereby confirms that it shall ensure that potential investors in the relevant Member State do not acquire units or shares in the relevant AIF or the compartment(s) through this pre-marketing and that the investors contacted as part of this pre-marketing may only acquire units or shares in that AIF or that compartment through marketing permitted under the marketing rules provided by the AIFMD, the EuVECA Regulation and the EuSEF Regulation.

Yes

No

The MFSA reminds that any subscription by professional investors in the relevant Member State (including those subscribing at their own initiative and including those which have not been approached during the pre-marketing phase), within 18 months of the AIFM/EuVECA manager/EuSEF manager having begun pre-marketing, to units or shares of the AIF or the compartment(s) referred to in the information provided in this letter, or of an AIF or compartment established as a result of this pre-marketing, shall be considered to be the result of marketing and shall be subject to the applicable notification procedures referred to in the AIFMD, the EuVECA Regulation or the EuSEF Regulation.

Declaration

I hereby confirm

1. that the information provided in this notification letter contains all the relevant information as required by the applicable legislation,
2. that the information in this form is accurate and complete to the best of my knowledge and belief
3. that I am authorized to sign on behalf of theAIFM/EuVECA manager/EuSEF manager:

|  |  |
| --- | --- |
| Signature:  [Insert text here] | Date:  [Insert text here] |
| Name:  [Insert text here] | First Name:  [Insert text here] |
| Company:  [Insert text here] | Position:  [Insert text here] |
| Phone:  [Insert text here] | E-mail address:  [Insert text here] |