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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Annex J** |
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| **AX56 – Due Diligence Service Providers (‘DDSPs’) Attestation Form**  |
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| **High Level Guidelines** |
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| 1. **General**

This form, **Annex AX56 – Annex J: Due Diligence Service Providers Attestation Form** (‘Annex’), shall be duly filled in by the DDSP of a Self-Managed NPIF (‘the DDSP’). This Annex shall be filed as part of and in conjunction with the relevant Notification Form (for the NPIF and any additional sub-funds, as applicable)This Annex is to be completed by the DDSP in relation to a Proposed Individual who submitted his CV to hold a position in the Portfolio Management Function (including the Portfolio Manager and the Investment Committee Members) of the Self-Managed NPIF. In this respect, the DDSP shall to the best of its knowledge, provide information, which is truthful, accurate, and complete. Where there is a change in the Portfolio Managers and/or Investment Committee Members, the DDSP shall submit this form solely for the new Proposed Individual. Prior to completing the Annex, the DDSP may, at its discretion, conduct an interview with the Proposed Individual to further assess the Proposed Individual’s competence in the field. The DSDP should ensure that the information provided by the Proposed Individual is in line with the content of the Proposed Individual’s CV. The DDSP is required to make reference to the Act, the Regulations made, or Rules issued thereunder during the completion of this Annex. The DDSP shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable. The DDSP shall not tamper with this Annex or modify it in any manner. Should it transpire that the document was tampered with, or modified in any manner, the Authority shall consider the submission to be invalid. The Authority may at its sole discretion request from the DDSP further information/ documentation.1. **Definitions**

Unless otherwise specified, terms used in this Annex shall have the same meaning assigned to them within the respective Notification Form. 1. **Instructions**

For this Annex to be considered complete, the DDSP is required to complete all the respective sections.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. The data being collected through this form will be processed and published as outlined in the Investment Services Act, including the Special Limited Partnership Funds Regulations. For further details, you may refer to the [MFSA Privacy Notice](https://www.mfsa.mt/privacy-notice/). |

| 1. Applicant Details
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|  | **Applicant/ Notified PIF - Identification Details**  |
|  | Registered Name *(if not yet Formed, provide proposed name)* | Enter text |
|  | Registered Number(*if applicable)* | Enter text |
|  | LEI Code (*if applicable)* | Enter text |
| 1. DDSP’s Details
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|  | **DDSP - Identification Details**  |
|  | Name of DDSP | Enter text |  | LH Code | Enter text |

| 1. Proposed Individual Details
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|  | **Proposed Individual - General and Identification Details**  |
|  | **Individual - Identification** |
| * + - 1.
 | Title | Select item |
|  | Name | Enter text |  | Surname | Enter text |
|  | Position within the NPIF | Enter text |
|  | Please indicate if the proposed individual is being appointed with respect to the investment management of specific assets within the investment strategy of the NPIF: | Enter text |

| 1. Declaration Form
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|  | **Declaration** |
|  4.1.1 | The undersigned, on behalf of the DDSP, declares that the Guidelines outlined within this Annex have been adhered to and that the information given in answer to the questions within this Annex is complete and accurate to the best of their knowledge. |
| Signature |  |
| Name | Enter text | Surname | Enter text |
| Position | Enter text |
| Date | Enter date |

| 1. Governing Body Declaration Form
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|  |  **Declaration of the Governing Body of the NPIF** |
| 5.1.1 | The undersigned, on behalf of the governing body of the Self-Managed NPIF, declares that the Guidelines outlined within this Annex have been adhered to and that the information given in answer to the questions within this Annex is complete and accurate to the best of their knowledge. |

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| --- | --- |
| Signature |  |
| Name | Enter text | Surname | Enter text |
| Position | Enter text |
| Date | Enter date |