



THE CAYMAN ISLANDS MONETARY AUTHORITY
P.O. Box 10052, Elizabethan Square, Grand Cayman, Cayman Islands, and B.W.I.
Tel: 345-949-7089, Fax 345-949-2532

**THE MUTUAL FUNDS LAW
(2003 REVISION)**

**APPLICATION FOR REGISTRATION OF A REGULATED MUTUAL FUND UNDER SEC.
4(1)(b) OF THE MUTUAL FUNDS LAW**

NAME OF FUND

NOTES:

1. Details must be submitted immediately upon provision of Principal Office for the Fund.
2. A **current** offering document or the latest draft should be attached.
3. The declaration on this form must be signed by an officer of the Administrator.
4. The auditor's letter of consent should indicate acceptance of the appointment as auditor, the name of the fund, date of financial statements, what accounting principles will be used as well as a statement that they are aware of and agree to fulfil their obligations pursuant to section 34 of the Mutual Funds Law.
5. Faxed copies of the MF2 Form will be accepted for registration purposes on the basis that original forms will be forwarded within one month of registration.
6. The completed **Forms MF2, MF2A**, a summary of the services to be provided, the offering document and any supporting material, including a **Certified Copy of Certificate of Incorporation/Registration issued by the Registrar of Companies** together with the prescribed fee as set out in the Mutual Funds Regulation, should be submitted to:

**THE MANAGING DIRECTOR
CAYMAN ISLANDS MONETARY AUTHORITY
GRAND CAYMAN
TELEPHONE (345) 949 7089**

1. (a) Type of entity (i.e. company, partnership, trust):

(b) Country of incorporation or establishment:

2. Description of equity interest specify (for each class if a multifund):

(a) Maximum and minimum aggregate amount of offering:

(b) Minimum investment for investor:

(c) Actual or expected size of shareholder base:

(d) frequency of:

(i) Valuations:

(ii) issues:

(iii) Redemptions:

(e) Base currency of equity interest:

(f) Whether issued in bearer or registered form:

3. Specify:

(a) Directors:

Or

(b) Trustee:

Or

(c) General Partner:

4. Specify name and address of all service providers including:

(a) Distributor:

(b) Custodian:

c) Promoter/Sponsor:

(d) Manager:

(e) Administrator:

(f) Investment or Trading Manager:

(g) Investment or Trading Advisors:

(h) Bankers:

(i) Lawyers:

5. Specify name of auditors and attach letter of consent:

6. Specify name and address of Registered Office:

7. Identify Stock Exchange if listed:

8. Provide confirmation of election of Principal Office (MF2A):

DECLARATION

We declare that to the best of our knowledge and belief the information given above is correct and that:

- (a) the promoter of the above fund is of sound reputation;
- (b) the administration of the mutual fund will be undertaken by persons who:
 - (i) have sufficient expertise to administer the mutual fund; and
 - (ii) are of sound reputation; and
- (c) That the business of the mutual fund and offer of equity interest in it will be carried out in a proper way.

Signed: _____
(By officer of administrator)

Name: _____
(In BLOCK CAPITALS)

Position held: _____

Name of licensed Administrator: _____

Address - _____



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**CONFIRMATION OF ELECTION OF PRINCIPAL OFFICE BY A REGULATED MUTUAL
FUND**

NAME OF FUND

For the purpose of Section 4(2) of the Mutual Funds Law, we confirm that the Principal Office of the above-named mutual fund is _____
(Address)

Which is the Principal Office of _____.
(Name of Mutual Fund Administrator)

Signed: _____
(By operator on behalf of Mutual Fund)

Signed: _____
(On behalf of the Mutual Funds Administrator)

Name: _____

Name: _____

Position held: _____

Position held: _____

Signed: _____

Signed: _____

Date: _____

Date: _____