



THE CAYMAN ISLANDS MONETARY AUTHORITY
P.O. Box 10052 APO, 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(3) OF THE MUTUAL FUNDS LAW**

NAME OF FUND

NOTES:

1. Funds must be registered before carrying on business in or from the Islands.
2. Where a current offering document (or the latest draft) is attached to satisfy item 2 (b), or any other items, please ensure that page references are included on the MF form.
3. The declaration on this form must be signed by an operator. As we are allowing faxed copies there will be no exception to this rule. Please note that the operator's actual business address including phone or fax number should be included.
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. The administrator's letter of consent should indicate acceptance of appointment as administrators, the name of the fund and a summary of services to be provided.
6. Faxed copies of the form will be accepted for registration purposes on the basis that original forms will be forwarded within one month of registration.
7. When submitting the form please advise who will be responsible for dealing with queries and the payment of annual fees, i.e., the registered office or (if applicable) local administrator.
8. The completed **Form MF1** and any supporting material, including a **Certified Copy of Certificate of Incorporation/Registration issued by The Registrar of Companies**, together with the prescribed registration fee as set out in The Mutual Funds Regulations, should be submitted to:

**THE MANAGING DIRECTOR
CAYMAN ISLANDS MONETARY AUTHORITY
P.O. BOX 10052 APO
GEORGE TOWN
GRAND CAYMAN
TELEPHONE (345 949-7089)**

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

(b) Country of incorporation or establishment:

2. Description of equity interest - specify:

(a) Maximum and minimum aggregate amount of offering (for each class if a multi-fund):

(b) Describe as set out in the Offering Document, the following:

(i) Investment objectives:

(ii) Investment restrictions:

(iii) Risk factors of the fund:

(c) Minimum investment for investor:

(d) Actual or expected size of shareholder base:

(e) Frequency of:

(i) Valuations:

(ii) Shareholder issues:

(iii) Redemptions:

(f) Base currency of equity interest:

(g) Whether issued in bearer or registered form:

3. Specify:

(a) Directors:

Or

(b) Trustee:

Or

(c) General Partner

And list directors of General Partner if limited partnership):

4. Specify name and address of Registered Office as defined in the Mutual Funds Law:

5. Specify 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:

6. Specify auditors and attach letter of consent from auditors:

7. Identify Stock Exchange if listed, and attach evidence of listing:

8. Attach certified copy of certificate of Incorporation or Evidence of registration (for partnerships, exempted trusts, and foreign companies) if any.

DECLARATION

I declare that to the best of my knowledge and belief the information given above is correct.

Signed: _____
(by operator, manager, or registered office for and on behalf of the mutual fund)

Name: _____

Position held: _____

Address: _____

Phone: _____

Fax: _____

Date: _____