



**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 REGULATED MUTUAL FUND UNDER  
SEC. 5 OF THE MUTUAL FUNDS LAW**

**NAME OF FUND**

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NOTES:

1. Funds must be licensed before carrying on business in or from the Islands.
2. Additional information may be required by the Managing Director to determine the application.

**The following information must be submitted with this form:**

1. A copy of the Current Offering Document or latest draft.
2. If an existing fund, a copy of the most recent annual audited accounts.
3. A Certified copy of Certificate of Incorporation/Registration issued by the Registrar of companies together with a completed Form MF3 (Synopsis of Offering Document).
4. Completed Personal Questionnaires, three references and police clearance certificates for:
  - a) all directors of the mutual fund; or
  - b) all directors of the trustee; or
  - c) the general partner (or directors of the general partner if a limited partnership)
5. Background details on the service providers if not included in the offering document.
6. 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 a statement that they are aware of and agree to fulfill their obligations pursuant to Section 34 of the Mutual Funds Law.
7. The administrator's letter of consent which should indicate acceptance of the appointment as administrator, the name of the fund and a summary of services to be provided.

**FORM MF3**

8. When submitting the form please advise who will be responsible for dealing with queries and the payment of fees, i.e., the registered office or (if applicable) local administrator.
9. 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 a phone or fax number should be included.
10. The completed Form MF3 and any supporting material should be submitted to:

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

OFFERING DOCUMENT SYNOPSIS

NAME OF FUND

1. (a) Type of entity:

\_\_\_\_\_

(b) Country of incorporation/registration:

\_\_\_\_\_

2. Description of equity interest - specify:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Describe (for each class if a multi-fund), 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 (for each class if multi-fund):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e) Frequency of valuation and shareholder issues and redemptions:

\_\_\_\_\_  
\_\_\_\_\_

(f) Base currency of equity interest:

\_\_\_\_\_

(g) Whether issued in bearer or registered form:

\_\_\_\_\_  
\_\_\_\_\_

3. Specify name(s) of:

(a) Directors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or

(b) Trustee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or

(c) General Partner:

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(And list directors of General Partner if Limited Partnership):

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

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5. Specify names and addresses of all service providers including:

(a) Distributor:

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(b) Custodian:

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(c) Promoter/Sponsor:

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(d) Manager:

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(e) Administrator

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(f) Investment or Trading Manager:

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(g) Investment of Trading Advisors:

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(h) Bankers:

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(i) Lawyers:

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6. Specify:

(a) Name and address of auditors; and

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(b) financial year end:

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7. Identify Stock Exchange if listed, or if proposed to be listed.

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**DECLARATION**

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

Signed: \_\_\_\_\_  
*(By operator on behalf of the mutual fund)*

Name: \_\_\_\_\_  
(In BLOCK CAPITALS)

Position held: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_