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**APPLICATION FOR REGISTRATION OF A MASTER FUND UNDER SECTION  
4(3)(a)(iii) OF THE MUTUAL FUNDS LAW (2009 REVISION) (AS AMENDED)  
(THE "LAW")**

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**NOTES:**

1. Master Funds must be registered with the Authority in the prescribed manner before carrying on business in or from the Islands.
2. In order for a Master Fund to be registered, the documents and information prescribed below must be submitted to the Authority:
  - **Completed and signed Form MF4**
    - The Form must be completed in full.
    - The declaration on this form must be signed by an **"operator(s)"** as defined in the Law. The contact information must include the actual business address and the phone and fax numbers at which the operator(s) can be contacted.
  - **If different from that of the regulated Feeder Fund(s) an Auditor's letter of consent (must be a local approved auditor)**
    - The letter must include:
      - the name of the Master Fund;
      - the date of the Master Fund's financial year end;
      - the accounting principles that will be used to prepare the accounts;
      - the first reporting period; and
      - confirmation that the auditor is aware of and agrees to fulfil its obligations pursuant to Section 35 of the Law.
  - **If different from that of the regulated Feeder Fund(s) an Administrator's letter of consent**
    - The letter must include the name of the Master Fund, acceptance of appointment as administrator and a summary of the services to be provided.
    - Where administration functions are delegated or functions are provided by different service providers, please provide details of such arrangements.
  - **Current Offering Document (date/version)**
    - Applicable if separate Offering Document has been prepared for the Master Fund.
  - **Proof of Incorporation/Registration**
    - Company: Certified copy of Certificate of Incorporation issued by the Registrar of Companies;
    - Unit Trusts: Trust Deed;
    - Exempt Unit Trusts: Certified copy of Certificate of Registration issued by the Registrar of Trusts;
    - Partnerships: Certified copy of Certificate of Registration issued by the Registrar of Partnerships.
  - **Prescribed Fee as required by the Mutual Funds (Fees) Regulations (2011 Revision) (as amended)**

*\* 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) the local administrator.*



# FORM MF4

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*Notes continued:*

3. The above documents and fee must be submitted to the attention of:  

The Managing Director  
Cayman Islands Monetary Authority  
P.O. Box 10052  
George Town, Grand Cayman KY1-1001  
Telephone: (345) 949-7089 Fax: (345) 949-2532
4. Questions regarding this Form or any of the requirements of the Mutual Funds Law (2009 Revision) (as amended) should be addressed to [ContactInvestments@cimoney.com.ky](mailto:ContactInvestments@cimoney.com.ky) or:  

The Investments & Securities Division  
Cayman Islands Monetary Authority  
P.O. Box 10052  
George Town, Grand Cayman KY1-1001  
Telephone: (345) 949-7089 Fax: (345) 949-2532
5. Additional information regarding setting up requirements and regulatory requirements is available on our website: [www.cimoney.com.ky](http://www.cimoney.com.ky).



# FORM MF4

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1. Name of Master Fund:

2. Type of Entity:

3. Date of Incorporation/Establishment:

4. Entity Registry ID # (where applicable):

5. (a) Does the Master Fund have investors other than the regulated Feeder Fund(s)?

Yes:  No:

(b) Has an offering document been prepared for the Master Fund separate from that of the regulated Feeder Fund(s)? If yes, please attach a copy hereto.

Yes:  No:

(c) Please include a summary of the material terms of the Master Fund's offering to the extent that (i) they differ from the comparable terms of the regulated feeder fund and (ii) are not already included in the offering document for the regulated feeder fund.

6. Name of Auditor if different from that of the regulated Feeder Fund(s) (must be on the "List of Approved Local Auditors").

Name:

Address:

Country:

Phone No.:

Fax No.

Email address:

Financial year-end:  First accounting period:

7. Details of Operators and/or Service Providers if different from those of the regulated Feeder Fund(s).



# FORM MF4

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## 8. Details of Feeder Fund(s):

Feeder Fund Name:

Country of Incorporation/  
Establishment:

Entity Registry ID #  
(if applicable):

Regulatory Agency  
(if applicable):

Type of Entity:

CIMA Certificate #  
(if applicable):



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## DECLARATION

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

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date

Name of signatory  
(please print)

Address:

Phone:

Fax:

Email: