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## FORM CIS

**APPLICATION FOR REGISTRATION OF A COLLECTIVE  
INVESTMENT SCHEME**

**The Securities (Collective Investment Scheme) Regulations, 2013**

**APPLICATION FOR REGISTRATION OF COLLECTIVE INVESTMENT SCHEMES**

Notes for Completing Application

1. This form is to be used by every Applicant for registration of a Collective Investment Scheme under the Securities (Collective Investment Schemes) (CIS) Regulations.
2. All applicable questions must be answered. Failure to do so may cause delays in the process of the Application.
3. If the space provided for the answer is insufficient, then furnish required information on an attachment.
4. All documents pertaining to any question must be attached to the Form and be clearly marked with the number of the relevant question.

**Section 1: DETAILS OF THE COLLECTIVE INVESTMENT SCHEME**

1. Name

2. Address

3. Telephone #

4. Fax #

5. E-mail address

6. Structure of CIS

(a) Will the CIS consist of multiple portfolios? Yes  No

(b) If the answer to (a) is yes, list all the portfolios that will be sold under the CIS

on a separate sheet of paper specify the costs to be shared by the portfolios and indicate how these will be allocated to the various portfolios.

7. Base currency of CIS.

8. Applicable law.

9. Date of formation of CIS.

10. Country where CIS was formed

11. Copies of undertakings given to other regulatory bodies

12. Proposed launch date and place

13. Type of CIS:

(a) Open-ended CIS

(b) Closed-ended CIS

Duration

14. Trading: daily/weekly/other (specify)

15. Net asset value calculations: daily/weekly/other  
(Specify)

16. Pricing: Forward/historic/other (specify)

17. Will units be offered for sale outside of Jamaica  YES  NO

The following additional details in relation to the CIS must be submitted on a separate sheet attached to the Application Form.

1. *Description of investment objectives of the CIS including (e.g. capital growth or income), current or proposed investment policy (e.g. specialization in geographical or industrial sectors or type of instruments – money market, equity and bond, global emerging markets and property etc.) and any current or proposed limitations on that policy.*
2. *Reasons for the name of the CIS*
3. *Provide details of any unusual features of the CIS.*
4. *Where will the unit holders register be kept?*
5. *For each CIS:*
  - (a) *Fee Structure:*
    - i) *proposed level of all charges payable by investors, specifying separately:*
      - *preliminary charges*
      - *periodic charges*
      - *any other charges*
    - ii) *level of all charges payable by CIS*
    - iii) *details of any power to increase charges*
    - iv) *where applicable, maximum permitted level of management fees*
    - v) *where applicable, maximum permitted level of trustee's /custodian charges.*
  - (b) *borrowing powers*
  - (c) *currency of denomination*
  - (d) *Minimum initial subscription and the minimum subsequent holding*

**Section 2: THE CIS MANAGER**

a) Name

b) Address

c) Telephone #

d) Fax #

e) E-mail address

f) Contact person(s)

g) Country and date of incorporation

h) Registered address

i) FSC registration number of CIS manager

j) Name of investment adviser (if different from CIS manager)

FSC Registration number

k) Principal place of business of investment adviser

l) Names and TRN numbers for the directors of the CIS manager

m) Names and TRN numbers for:

i. Officers of the CIS manager

ii. Shareholders holding 10% or more of the share capital of the CIS Manager

n) Details of management/investment agreement between the CIS Board of Directors/Trustees and Manager (please attach)

o) Name of ultimate parent company of the CIS manager (if any)

p) Was the ultimate parent company previously registered with the Commission?

YES  NO

q) Does the ultimate parent company hold a current license or registration issued by the Commission?  YES  NO

**Section 3: THE TRUSTEES**

a) Name

b) Country and date of incorporation

c) Registered address

d) Principal place of business (if different from (c) above)

e) Telephone #

f) Fax #

g) E-mail address

h) Contact person(s)

i) FSC Registration number (where applicable)

j) Names and TRN numbers of:

i) Trustees directors



ii) Shareholders holding 10% or more of the share capital of the trustee

k) Copy of trust deed (please attach)

l) Name of ultimate parent company of the trustee (If applicable)

**Section 4: THE CUSTODIAN (if different from the Trustee)**

a) Name

b) Country and date of incorporation

c) Registered address

d) Principal place of business (if different from (c) above)

e) Telephone #

f) Fax #

g) E-mail address

h) Contact person(s)

i) FSC Registration number (where applicable)

j) Names and TRN numbers of:

i) Custodian's directors

ii) Shareholders holding 10% or more of the share capital of the custodian

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k) Copy of custodian agreement (please attach)

l) Name of ultimate parent company of the custodian (If applicable)

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**Section 5: FOR TRUSTEE/CUSTODIAN AND CIS MANAGER**

- (a) For the Trustee, Custodian and CIS manager named on the current application, state if any of these are connected to or otherwise affiliated with any of the other persons so named:

- (b) List the name of any person who holds an appointment as director or officer with more than one of these companies

**Section 6: LICENSED DEALER(S) WHO WILL DISTRIBUTE THE CIS PRODUCT IN JAMAICA**

- (a) Name (s)

- (b) Registered address(es)

- (c) Principal place of business (if different from (b) above)

- (d) Telephone #

(e) Fax #

(f) E-mail address

(g) Contact person(s)

(h) Name of ultimate parent company (if any)

**Section 7: THE AUDITOR**

(a) Name

(b) Registered address

(c) Principal place of business (if different from (b) above)

(d) Telephone #

(e) Fax #

(f) E-mail address

(g) Contact person(s)

**Section 8: Attorney-at-Law** (For overseas fund state Jamaican Attorney)

(a) Name

(b) Address

(c) Contact person

(d) Telephone #

(e) Fax #

(f) E-mail address

**Section 9: DETAILS OF REGISTRAR/TRANSFER AGENT**

- (a) Name of registrar or any other third party to whom it is proposed to delegate any of the functions of the CIS manager or custodian.

- (b) Legal form of such person(s)

- (c) Country and date of incorporation

- (d) Registered address

- (e) Principal place of business (if different from (d) above)

- (f) Telephone #

- (g) Fax #

- (h) E-mail address

(i) Contact person(s)

(j) Names of directors or partners of such persons

(k) Names of:

i) Officers

ii) Shareholders holding 10% or more of the share capital of the registrar/transfer agent

(l) Details of arrangements in each case (please attach)

(m) If any of the registrar's/transfer agent's functions are to be delegated details of the proposed arrangements in each case.



**The following documents must be provided along with the application:**

- a) Copies of documents of incorporation for CIS, manager, trustee and custodian.
- b) Proof of registration of the CIS under the Companies Act (if applicable)
- c) A copy of the trust deed (if applicable)
- d) Notarized copies of governing statute for the CIS (for overseas CIS only)
- e) Certificate of good standing for CIS (for overseas CIS only)
- f) A copy of the offering document and any other marketing material
- g) A certificate signed by an officer of the CIS manager or an attorney that the offering document is in full compliance with the registration requirements
- h) For an existing CIS, latest audited financial statements
- i) Latest audited financial statements for CIS manager and trustee/custodian
- j) Copy of agreements between the CIS manager and trustee/custodian.
- k) Names of dealers and copies of any written contracts which will govern the dealers acting as agents for the CIS
- l) Proposed application form(s) and other contractual documents to be signed by investors in the CIS
- m) A written profile of directors and officers of the CIS operator and manager
- n) Police reports for every director and officer of the CIS operator, manager and custodian
- o) List of persons authorized to sign on behalf of the CIS; include specimen signatures
- p) Completed fit and proper questionnaires for every director and officer of the CIS operator, manager and custodian
- q) Resume for every director and officer of the CIS operator, manager and custodian
- r) Name and contact number of one character reference for every director and officer of the CIS operator, manager and custodian
- s) A business plan for the CIS covering three (3) years or such longer period, as in the opinion of the management company, will enable the CIS to become viable. Give details of:
  - ii) the proposed launch date, if it is a new CIS

- iii) how the units will be sold and to whom
- iv) details of any intended “insurance link”
- v) the initial price of the units
- vi) any minimum holding size
- vii) any minimum transaction size
- viii) where the CIS has not been in existence for three years, details of the estimated charges and the basis of these charges; itemized estimated annual operating expenses and income in respect of the CIS
- t) A statement signed by the directors of the CIS manager and trustee/custodians that to the best of their knowledge the trustee/custodians and CIS manager will be operated independently of each other
- u) A list of persons authorized to sign on behalf of the CIS including specimen signatures
- v) Proof of adequate liability insurance for the custodian

“Operator”, in relation to collective investment scheme, means:-

- a) where the CIS is a trust, the trustee;
- b) where the CIS is a partnership, the managing partner
- c) where the CIS is a company, the board of directors of the company

**DECLARATION OF APPLICANT  
IN THE MATTER OF THE SECURITIES (COLLECTIVE  
INVESTMENT SCHEME) REGULATIONS**

I .....of.....

.....in the parish of.....

**MAKE OATH AND SAY:**

1. That I am an authorized officer of the Applicant herein and have signed the application.
2. That the statements of fact made in this application are true and correct to the best of my knowledge, information and belief.

SWORN before me at .....)

In the Parish of.....)

this .....day of .....20.....)

Signature of Authorized  
Officer of the Applicant

.....  
Justice of the Peace or Notary Public

**FOR OFFICIAL USE ONLY**

1. Date application received \_\_\_\_\_

2. Application fee paid \$ \_\_\_\_\_

3. Submitted to Commission on \_\_\_\_\_

4. Date approved/rejected \_\_\_\_\_

5. Terms and conditions of registration

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

iv) \_\_\_\_\_

6. Registration fees \$ \_\_\_\_\_

Date paid \_\_\_\_\_

7. Certifying Officer \_\_\_\_\_  
Chairman/Executive Director

8. Suspensions or Cancellations

Action taken \_\_\_\_\_

Effective Date \_\_\_\_\_

Reasons \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_