



FORM 5

SECURITIES MARKETS ORDER, 2013

[Section 209 / Section 223]

APPLICATION / RECOGNITION FOR COLLECTIVE INVESTMENT SCHEME [“CIS”]

Application / recognition is made for a licence under Section 209 / Section 223 of the Securities Markets Order, 2013 and the following particulars are supplied in respect thereof –

SECTION I : DETAILS OF OPERATOR / ORIGINATOR			
Name of operator / originator:			
CMSL no.:	<i>[Please state the CMSL reference number if the operator is licensed in Brunei Darussalam]</i>		
Place of incorporation:		Date of incorporation [dd/mm/yy]:	
Principal address:			
E-mail address:			
[a] Correspondence Address			
Please complete this part [a] if the application is for a <u>CIS licence</u> , and where the operator has appointed a person as the administrator of the CIS, where applicable.			
Name of company:			
Date appointed [dd/mm/yy]:			
Correspondence address:			
Contact no.:	Office:	Fax:	

(b) Address for Service in Brunei Darussalam

Please complete this part (b) if the application is for **recognition of CIS**, and where the operator has appointed a person in Brunei as the administrator of the CIS. This is a requirement under Section 223(3), SMO 2013.

Name of Company:			
Date appointed [dd/mm/yy]:			
Address for service:			
Contact no.:	Office:	Fax:	

SECTION II : DETAILS OF CUSTODIAN

Name of custodian:			
Date appointed [dd/mm/yy]:			
CMSL no.:	<i>(Please state the CMSL reference number if the custodian is licensed in Brunei Darussalam)</i>		
Place of incorporation:		Date of incorporation [dd/mm/yy]:	
Principal address:			
E-mail address:			
Correspondence address:			
Contact no.:	Office:	Fax:	

SECTION III : COLLECTIVE INVESTMENT SCHEME ("CIS") PARTICULARS

Please tick (✓) and complete where applicable:

Application for:	<input type="checkbox"/> Licence NOTE: This is applied if the CIS will be established in Brunei.	<input type="checkbox"/> Recognition NOTE: This is applied if a foreign CIS is to be offered in Brunei.
	<input type="checkbox"/> Standalone CIS only	
	<input type="checkbox"/> Sub-fund(s) / Additional sub-fund(s) only	
	<input type="checkbox"/> Both umbrella and sub-fund(s)	
	<input type="checkbox"/> Conventional CIS	<input type="checkbox"/> Islamic CIS (i.e. Shariah-compliant CIS)
	<input type="checkbox"/> Public	<input type="checkbox"/> Private

[a] Umbrella / Standalone CIS Particulars			
Name of umbrella / standalone CIS:			
Type of CIS:	<input type="checkbox"/> Unit trust scheme <input type="checkbox"/> Investment company with fixed or variable capital <input type="checkbox"/> Partnership		
Purpose(s) of CIS:	<i>[The purpose(s) of the collective investment scheme must be reasonably capable of being successfully carried into effect]</i>		
Form of CIS:	<input type="checkbox"/> Open-ended <input type="checkbox"/> Closed-ended <input type="checkbox"/> Interval undertaking		
Class of CIS:	<input type="checkbox"/> Equity fund	<input type="checkbox"/> Fund of fund	
	<input type="checkbox"/> Fixed income fund	<input type="checkbox"/> Feeder fund	
	<input type="checkbox"/> Balanced fund	<input type="checkbox"/> Property fund	
	<input type="checkbox"/> Money market fund	<input type="checkbox"/> Hedge fund	
	<input type="checkbox"/> Capital guaranteed fund	<input type="checkbox"/> Other: <i>[Please specify]</i>	
	<input type="checkbox"/> Real estate investment fund		
Issue date [dd/mm/yy]:		Financial year end [dd/mm]:	
Currency used:			
Place of domicile, if CIS is a foreign CIS:			
Minimum subscription:			
Monthly investment plan:	<i>[Please state how it is structured or processed and state the minimum monthly investment to be paid, where applicable]</i>		
[b] Sub-fund(s) Particulars, where applicable			
Name of umbrella CIS:	<i>[Please state the name of the umbrella fund if the application is for additional sub-fund(s) only]</i>		
Number of sub-fund(s):	<i>[Please state the number of sub-funds in this application]</i>		
Please list down the sub-fund(s), the underlying fund, and country of domicile of underlying fund:			

No.	Name of Sub-fund	Underlying Fund [where applicable]	Country of Domicile of Underlying Fund		
1					
2					
3					
4					
5					
[c] Islamic CIS Particulars, where applicable					
Date of endorsement obtained from the operator's Shariah Advisory Body for the CIS [dd/mm/yy]:					
Has the operator obtained endorsement from the Shariah Financial Supervisory Board ["SFSB"] in Brunei Darussalam?	<input type="checkbox"/> Yes	Date obtained endorsement [dd/mm/yy]:			
	<input type="checkbox"/> No	NOTE: Please be advised that an endorsement from the SFSB in Brunei Darussalam, must be obtained before the application for licence / recognition for CIS can be further considered.			
Shariah mechanism and concept used for the CIS:					
SECTION IV : INFORMATION TO BE INCLUDED IN THE CIS STATEMENT / PROSPECTUS					
Date of statement / prospectus [dd/mm/yy]:					
Period of duration of the CIS, if applicable:					
Method of calculation, if any, of the price at which the manager may sell any CIS interest:					
Does the CIS impose the operator any obligation to buy back a CIS interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable		
Please provide a summary of the investments and property and classes of investments and property that may be held or acquired under the CIS:					
Please provide a summary of information regarding the remuneration of the trustee, if any, and the operator:					

Is the interest in the CIS transferable by the holder thereof?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable								
SECTION V : DETAILS OF CIS DISTRIBUTOR											
Total number of [appointed / proposed] distributor(s) in Brunei:											
Name of distributor [1]:	<i>[The responsible persons whom will carry out the functions of a distributor must be a CMSL holder whom is a body corporate incorporated in Brunei Darussalam, and have a place of business in Brunei Darussalam.]</i>										
Date appointed [dd/mm/yy]:											
CMSL no.:											
Name of additional distributor [2]:	<i>[To be stated if more than one distributor has been appointed.]</i>										
Date appointed [dd/mm/yy]:											
CMSL no.:											
SECTION VI : DETAILS OF AUDITOR											
Name of [appointed / proposed] auditor:											
Date appointed [dd/mm/yy]:											
Principal address:											
E-mail address:											
Contact no.:	Office:	Fax:									
SECTION VII : SUPPORTING DOCUMENTS											
[*] are mandatory documents and must be submitted together with this form. Other documents must be submitted where applicable.			APPENDIX								
<input type="checkbox"/>	<p>*Non-refundable Application fee – BND 500 per umbrella / standalone CIS; and BND 100 per sub-fund</p> <p><i>[As per Section 209 of the SMO, this application must be accompanied by a non-refundable prescribed application fee]</i></p> <p><i>Cheque is made payable to Brunei Darussalam Central Bank. Payment may be made via online banking transaction or telegraphic transfer [T.T.] to the Authority's accounts: -</i></p> <p>For all <u>BND</u> payment</p> <table border="1"> <tr> <td>Beneficiary Name:</td> <td>Brunei Darussalam Central Bank</td> </tr> <tr> <td>Beneficiary Address:</td> <td>Level 14, Ministry of Finance and Economy Building, Commonwealth Drive, BB3910 Brunei Darussalam</td> </tr> <tr> <td>Beneficiary Account:</td> <td>0201110270008</td> </tr> <tr> <td>For Account:</td> <td>Baiduri Bank</td> </tr> </table>		Beneficiary Name:	Brunei Darussalam Central Bank	Beneficiary Address:	Level 14, Ministry of Finance and Economy Building, Commonwealth Drive, BB3910 Brunei Darussalam	Beneficiary Account:	0201110270008	For Account:	Baiduri Bank	
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Bank Charges (if any)	To be paid by Payee																					
<input type="checkbox"/>	*Payment Instruction Form	ANNEX 1																				
<input type="checkbox"/>	*Certified true copy of the Memorandum and Articles of Association or equivalent																					
<input type="checkbox"/>	*Certified true copy of the Trust Deed or other instrument(s) under which the CIS is incorporated, established or otherwise constituted [Constitution document of the CIS]																					
<input type="checkbox"/>	*Draft Prospectus or any other offering document(s) NOTE: There is an annual fee of BND 50 for each prospectus of each CIS. This will be made payable <u>after</u> the CIS prospectus has been approved. [A simplified prospectus, or product highlight sheet together with the master prospectus is considered as one document prospectus]																					

<input type="checkbox"/>	*Certified true copy of material agreements entered into and/or any service contracts with respect to the CIS, and any other obligations. E.g. Management Agreement, Custodian Agreement, Administration Agreement, Delegation Agreement (agreement to delegate management / custodial services), Distributor Agreement, Investment Management Agreement and any other sub-agreements arising	
<input type="checkbox"/>	*Copy of Letter of "Consent to act as auditor" / Letter of appointment of auditor	
<input type="checkbox"/>	Copy of Letter of "Consent to act as administrator" / Letter of appointment of CIS administrator, where applicable	
<input type="checkbox"/>	*Approval letter / memo / certified true copy of licence certificate / Constitution letter from domiciled regulatory authority with respect to a registered foreign CIS	
<input type="checkbox"/>	*Notice in writing to the Authority by the operator and custodian that they wish the CIS to be recognised	
<input type="checkbox"/>	*Copy of licence certificate / recognition letter of an existing umbrella CIS, in respect to an application for additional sub-fund	
<input type="checkbox"/>	Letter of appointment as the Address for Service [*Required for recognition of CIS]	
<i>Additional supporting documents / details of the operator and custodian.</i>		
<input type="checkbox"/>	*Certified true copy of Certificate of Incorporation	
<input type="checkbox"/>	*Certified true copy of the Memorandum and Articles of Association or equivalent.	
<input type="checkbox"/>	Certified true copy of Notice of Situation of Registered Office	
<input type="checkbox"/>	*Schedule of shareholders showing names, number and percentage of shares held (operator)	
<input type="checkbox"/>	*Certified true copy of identity documents and/or passports of shareholders, directors (operator)	
<input type="checkbox"/>	*Curriculum vitae of directors including written description of experience in respect of fund management and / or related activities (operator)	
<input type="checkbox"/>	*Original reference from Principal Bankers in respect of the company and its directors	
<input type="checkbox"/>	*Evidence of professional indemnity covered	
<input type="checkbox"/>	*A copy of written undertaking (operator) (E.g. written undertaking to comply with all the requirements under the SMO, 2013 and SMR, 2015; or to comply with the minimum base capital)	
<i>Additional supporting documents / details in respect to an Islamic CIS</i>		
<input type="checkbox"/>	Copy of endorsement letter by the Shariah Financial Supervisory Board (SFSB) in Brunei, of an existing umbrella Islamic CIS, in respect to an application for additional Islamic sub-fund	

SECTION VIII : TRUE AND CORRECT INFORMATION

We hereby declare that all information provided in this application and its annexures is true and correct.

----- [Signature of CIS Operator]		----- [Signature of CIS Custodian]	
Name [Director / Authorised Signatory of CIS Operator]:		Name [Director / Authorised Signatory of CIS Custodian]:	
Date [dd/mm/yyyy]:		Date [dd/mm/yyyy]:	