



## 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 <b>CIS licence</b> , 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 <b>recognition of CIS</b> , 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:	

<b>SECTION II : DETAILS OF CUSTODIAN</b>			
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:	
<b>SECTION III : COLLECTIVE INVESTMENT SCHEME ("CIS") PARTICULARS</b>			
Please tick (✓) and complete where applicable:			
Application for:	<input type="checkbox"/> Licence <input type="checkbox"/> <b>NOTE:</b> This is applied if the CIS will be established in Brunei.		<input type="checkbox"/> Recognition <input type="checkbox"/> <b>NOTE:</b> 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	
<b>(a) Umbrella / Standalone CIS Particulars</b>			
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>(b) Sub-fund(s) Particulars, where applicable</b>			
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			
<b>(c) Islamic CIS Particulars, where applicable</b>			
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	<b>NOTE:</b> Please be advised that an <b>endorsement from the SFSB in Brunei Darussalam</b> , must be obtained before the application for licence / recognition for CIS can be further considered.	
Shariah mechanism and concept used for the CIS:			

<b>SECTION IV : INFORMATION TO BE INCLUDED IN THE CIS STATEMENT / PROSPECTUS</b>	
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 imposes 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
<b>SECTION V : DETAILS OF CIS DISTRIBUTOR</b>	
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.:	
<b>SECTION VI : DETAILS OF AUDITOR</b>	
Name of (appointed / proposed) auditor:	
Date appointed (dd/mm/yy):	
Principal address:	
E-mail address:	

Contact no.:	Office:	Fax:																												
<b>SECTION VII : SUPPORTING DOCUMENTS</b>																														
(*) are mandatory documents and must be submitted together with this form. Other documents must be submitted where applicable.		<b>APPENDIX</b>																												
<input type="checkbox"/>	<p>*Non-refundable Application fee –            BND 500 per umbrella / standalone CIS; and            BND 100 per sub-fund  <i>(As per Section 209 of the SMO, this application must be accompanied by a non-refundable prescribed application fee)</i></p> <p>Cheque is made payable to <b>Autoriti Monetari Brunei Darussalam</b>.            Payment may be made via online banking transaction or telegraphic transfer (T.T.) to the Authority's accounts: -</p> <p style="text-align: center;"><b>For all BND payment</b></p> <table border="1"> <tr> <td>Beneficiary Name:</td> <td>Autoriti Monetari Brunei Darussalam</td> </tr> <tr> <td>Beneficiary Address:</td> <td>Level 14, Ministry of Finance Building, Commonwealth Drive, BB3910 Brunei Darussalam</td> </tr> <tr> <td>Beneficiary Account:</td> <td><b>0201110270008</b></td> </tr> <tr> <td>For Account:</td> <td><b>Baiduri Bank</b></td> </tr> <tr> <td>Bank Address:</td> <td>Block A, Units 1-4, Kiarong Complex, Lebuhraya Sultan Hassanal Bolkiah, Bandar Seri Begawan, BE1318, Brunei Darussalam</td> </tr> <tr> <td>SWIFT Code:</td> <td><b>BAIDBNBB</b></td> </tr> <tr> <td>Bank Charges (if any)</td> <td>To be paid by Payee</td> </tr> </table> <p style="text-align: center;"><b>For all USD payment</b></p> <table border="1"> <tr> <td>Beneficiary Name:</td> <td>Autoriti Monetari Brunei Darussalam</td> </tr> <tr> <td>Beneficiary Address:</td> <td>Level 14, Ministry of Finance Building, Commonwealth Drive, BB3910 Brunei Darussalam</td> </tr> <tr> <td>Beneficiary Account:</td> <td><b>51-001-01-0001062</b></td> </tr> <tr> <td>For Account:</td> <td>Bank Islam Brunei Berhad</td> </tr> <tr> <td>Bank Address:</td> <td>Bank Islam Brunei Darussalam Berhad, Lot 159, Jalan Pemancha, Bandar Seri Begawan, BS8711, Brunei Darussalam</td> </tr> <tr> <td>SWIFT Code:</td> <td><b>BIBDBNBB</b></td> </tr> <tr> <td>Bank Charges (if any)</td> <td>To be paid by Payee</td> </tr> </table> <p><b>NOTE:</b> The annual fee will be paid separately. This will only be made payable <u>after</u> the application has been approved.</p> <p>Annual fee –            BND 100 per umbrella / standalone CIS</p>	Beneficiary Name:	Autoriti Monetari Brunei Darussalam	Beneficiary Address:	Level 14, Ministry of Finance Building, Commonwealth Drive, BB3910 Brunei Darussalam	Beneficiary Account:	<b>0201110270008</b>	For Account:	<b>Baiduri Bank</b>	Bank Address:	Block A, Units 1-4, Kiarong Complex, Lebuhraya Sultan Hassanal Bolkiah, Bandar Seri Begawan, BE1318, Brunei Darussalam	SWIFT Code:	<b>BAIDBNBB</b>	Bank Charges (if any)	To be paid by Payee	Beneficiary Name:	Autoriti Monetari Brunei Darussalam	Beneficiary Address:	Level 14, Ministry of Finance Building, Commonwealth Drive, BB3910 Brunei Darussalam	Beneficiary Account:	<b>51-001-01-0001062</b>	For Account:	Bank Islam Brunei Berhad	Bank Address:	Bank Islam Brunei Darussalam Berhad, Lot 159, Jalan Pemancha, Bandar Seri Begawan, BS8711, Brunei Darussalam	SWIFT Code:	<b>BIBDBNBB</b>	Bank Charges (if any)	To be paid by Payee	
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	BND 100 per sub-fund	
<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)  <u>NOTE:</u> 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	
<b>SECTION VIII : TRUE AND CORRECT INFORMATION</b>		
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 <i>(Director / Authorised Signatory of CIS Operator):</i>		Name <i>(Director / Authorised Signatory of CIS Custodian):</i>
Date (dd/mm/yyyy):		Date (dd/mm/yyyy):