|  |  |
| --- | --- |
|  |  |
| MALTA FINANCIAL SERVICES AUTHORITY |
| **NPIF Notification Form** |
|  |

|  |
| --- |
|  |
| **High Level Guidelines** |
|  |
|  |
| 1. General   This Notification Form shall be duly filled in by the governing body of the prospective NPIF, or by a person authorised by it to act on its behalf, in terms of Regulation 17 of the Investment Services Act (Notified CISs) Regulations.  In this respect, the governing body of the prospective NPIF, or the person authorised by it to act on its behalf, shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The NPIF, or a person authorised by it to act on its behalf shall notify the MFSA immediately if the information provided changes in any respect.  The governing body of the prospective NPIF, or the person authorised by it to act on its behalf shall note that it is a criminal offence, under Article22(3) and 23 of the Act, to furnish information or to make a statement which one knows to be inaccurate, false or misleading in any material respect, or to recklessly furnish information or to make a statement which is inaccurate, false or misleading in any material respect, pursuant to any of the provisions of this Act or of any Regulations made or of any Rules issued thereunder, or any condition, obligation, requirement, directive or order made or given as aforesaid.  The governing body of the prospective NPIF, or the person authorised by it to act on its behalf is required to make reference, and where applicable comply with, the Act, the Regulations made, or Rules issued thereunder during the completion of the Notification Form. The governing body of the prospective NPIF, or the person authorised by it to act on its behalf shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable.  The governing body of the prospective NPIF, or the person authorised by it to act on its behalf shall not tamper with, or modify in any manner, this Notification Form or its respective Annexes. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the Notification Form to be invalid. Any potential improvements should be communicated to the MFSA for consideration.  The Authority may at its sole discretion request further information/ documentation from the governing body of the prospective NPIF, or the person authorised by it to act on its behalf.   1. Definitions   For the purposes of this Notification Form, the definitions identified below should be read in conjunction with the provisions of the Act, the Regulations and other respective national or European regulatory frameworks or other binding regulations as may be applicable.  In the event that any of the definitions contained hereunder conflict with a definition under the Act, the definitions set out in the Act or in any other such law shall prevail, unless otherwise specified herein.   |  |  |  |  | | --- | --- | --- | --- | |  | |  |  | | **‘Act’** | means the Investment Services Act (Chapter 370 of the Laws of Malta) | | | |  |  | | | | **‘Authority’** | means the Malta Financial Services Authority established by the Malta Financial Services Authority Act (Chapter 330 of the Laws of Malta) | | | |  |  | | | | **‘Regulations’** | Means the Investment Services Act (List of Notified CISs) Regulations, 2023 | | | |  |  | | | | **‘Regulatory framework’** | means the respective National and/or European Regulatory Frameworks or other binding regulation, as may be applicable | | | |  |  | | |  1. Instructions   All the relevant sections within this Notification Form shall be filled in, subsequently printed and sent, originally signed, to the Authority at the following address:    **Head – Investment** **Services Supervision**  **Malta Financial Services Authority**  **Triq l-Imdina, Zone 1**  **Central Business District, Birkirkara**  **CBD 1010**  In order for the Notification Form to be considered complete, and therefore for the prescribed 10 working days to commence, the Fund Manager is required to have submitted, along with a duly filled Notification Form, all the required documentation as identified within this Notification Form, including the original signed declarations and the notification fee.  **MFSA Bank Details:**   |  |  | | --- | --- | | *Bank* | *Bank of Valletta plc* | | *Address* | *229, Fleur-De-Lys Road, Birkirkara BKR9069, Malta* | | *IBAN* | *MT06VALL22013000000015803811041* | | *BIC* | *VALL MT MT* | | *In respect of:* | *Give full details of settlement so that we can allocate payment* |  |  |  | | --- | --- | | *Bank* | *HSBC Bank Malta plc* | | *Address* | *1, Naxxar Road, Birkirkara BKR 9049, Malta* | | *IBAN* | *MT64MMEB44277000000027070457001* | | *BIC* | *MMEB MT MT* | | *In respect of:* | *Give full details of settlement so that we can allocate payment* |   **Please instruct your bankers to transfer full amount due to the MFSA Account. Bank charges are to be incurred by the Applicant.**   1. Privacy Notice   The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. The data being collected through this form will be processed and published as outlined in the Investment Services Act, including the Special Limited Partnership Funds Regulations. For further details, you may refer to the [MFSA Privacy Notice](https://www.mfsa.mt/privacy-notice/).   1. Disclaimer   It is noted that the submission of this Notification Form and/or its determination of ‘completeness’ shall not be construed as an automatic inclusion of the prospective fund in the Register of Notified PIFs, until a formal communication is issued by the Authority in this respect. Furthermore, reference is made to Regulation 17(10) of the Investment Services Act (List of Notified CISs) Regulations, wherein the inclusion of a PIF in the List of Notified PIFs is a concession and a privilege revocable by the competent authority at any time at its sole discretion on notice to the Notified PIF. The burden of proving that the Notified PIF should be retained on the List of Notified PIFs shall rest at all times on the Notified PIF.  Notified PIFs are not licensed by the MFSA and are required to adhere to the supervisory conditions stipulated in the abovementioned Regulations and in the Investment Services Rules for Notified Professional Investor Funds and related Due Diligence Service Providers.  The content of any marketing or Offering Documentation is not approved or reviewed by the MFSA and the ultimate responsibility for the content of this documentation lies on the Notified PIF.  Notified PIFs are non-retail schemes and are only available to investors that fulfil the criteria of *Qualifying Investors* and/or *Professional Investors* as stipulated in terms of the Investment Services Act (List of Notified CISs) Regulations, 2023. NPIFs are riskier funds by nature in view of the less onerous regulatory requirements that apply and are subject to the minimum level of supervision for a fund in Malta. The MFSA may remove a NPIF from the Register of NPIFs at any time.  Investors in NPIFs are not protected by any statutory compensation arrangements in the events of the fund’s failure.  Investors should be aware of and understand the risk disclosures section in the Offering Document. |

| * 1. NPIF Details | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | **NPIF Type** | | | | | |
|  | Person / Vehicle Type | Select item | | | | |
|  | Where the prospective NPIF is a Special Limited Partnership Fund, please confirm that the Partnership Agreement has been approved by the MFSA | | | Select item | | |
|  | **Identification of Incorporated Cell Company within which the Cell shall be structured**  *This sub-section is only applicable if the Person Type is an ‘Incorporated Cell of a Recognised Incorporated Cell Company (RICC)’.* | | | | | |
|  | Name of Incorporated Cell Company | Enter text |  | | MFSA Authorisation Number | Enter text |
|  | **NPIF – General and Identification Details** | | | | | |
|  | **Identification** | | | | | |
|  | Status of the NPIF | Formed | | | | |
|  | Registered Name | Enter text | | | | |
|  | Registered Number *(if applicable)* | Enter text |  | | Date of Registration | Enter date |
|  | Name of Registry  *(if applicable)* | Malta Business Registry |  | | Country of Registration | Malta |
|  | LEI Code *(if applicable)* | Enter text | | | | |
|  | **Addresses** | | | | | |
|  | **Registered Address**  *Indicate registered address as indicated on the Registration Document.* | | | | | |
|  | Number/Name | Enter text |  | | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | | Region/State  *(if applicable)* | Enter text |
|  | Post Code | Enter text |  | | Country | Select country |

| * 1. Details of the NPIF | | | |
| --- | --- | --- | --- |
|  | **Details of the Scheme** | | |
|  | Is the Notified PIF already included in the List of NPIFs? | Select item | |
|  | Indicate how the NPIF will be managed | Select item | |
|  | Indicate how the NPIF will be established and/or marketed: | | Select item |
|  | Indicate the current and proposed Sub-Funds, as applicable: | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  | | | | No. | Name of Sub-Fund | Is the Sub-Fund already included in the List of Notified PIFs? | Investment Strategy | Open/Closed Ended | |  | Enter text | Select item | Select item | Select item | |  |  |  | | |   *(Add multiple as applicable)* | | |

| * 1. Governance | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Governing Body** | | | | | | | |
|  | **Proposed Members of the Governing Body** | | | | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | * 1. Proposed Member of the Governing Body | | | | | | *Base of Operations*   |  |  |  |  | | --- | --- | --- | --- | | Will the proposed individual be based in Malta? | Select item | If ‘*No*’: Specify the country where the proposed individual is based | Select country | | Is the individual independent fromthe NPIF Service Providers?[[1]](#footnote-2) | Select item | | |   *Role within Governing Body* | | | | | | Does the proposed Member of the Governing Body have responsibility for compliance? | Select item | | | | | If *‘Yes’* confirm that the proposed individual understands the responsibilities of the role | Select item | | | | | *Identification* | | | | | | Title | Select item | | | | | Name | Enter text | Surname | Enter text | | | Date of Birth | Enter date | | | | | ID Type | Select item | ID Number | Enter text | | | ID Expiry Date | Enter date | Country of Issuance | Select country | | | MFSA PQ Code *(if applicable)* | Enter text | | | | | *Legal Representation* | | | | | | Will the proposed individual be vested with legal representation of the Applicant? | | | | Select item | |  |  | | | |   *(Add multiple as applicable)* | | | | | | | |
|  | **Investment Management Committee**  *This sub-section is only applicable for Self-Managed Notified PIFs* | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | * 1. Committee Member | | | | | *Identification (Add multiple as applicable)* | | | | | Title | Select item | | | | Name | Enter text | Surname | Enter text | | ID Type | Select item | ID Number | Enter text | | ID Expiry Date | Enter date | Country of Issuance | Select country | | MFSA PQ Code *(to be included only if person has previously submitted a PQ to this MFSA))* | Enter text | | | |  |  | | |   *(Add multiple as applicable)* | | | | | | | |
|  | **Delegation Arrangements** | | | | | |  | |
|  | Will the NPIF delegate the day-to-day Investment Management function?  ***Note****: If ‘Yes’ is selected and the delegation will be to individuals please fill in question 3.2.3; if the delegation will be to a legal entity please fill in question 3.2.4* | | | | | | Select item | |
|  | |  |  |  |  | | --- | --- | --- | --- | | Title | Select item | | | | Name | Enter text | Surname | Enter text | | Date of Birth | Enter date | | | | ID Type | Select item | ID Number | Enter text | | ID Expiry Date | Enter date | Country of Issuance | Select country | | MFSA PQ Code *(if applicable)* | Enter text | | | | | | | | | | |
|  | *(Add multiple as applicable)* | | | | | | | |
|  | Name of Fund Manager | Enter text | | | | | | |
| **Registered Address**  *Indicate registered address as indicated on the Registration Document* | | | | | | | |
| Number/Name | Enter text | | | | Street/Road | | Enter text |
| City/Town/Village | Enter text | | | | Region/State  *(if applicable)* | | Enter text |
| Post Code | Enter text | | | | Country | | Select country |
|  | **Details of Authorisation Held** | | | | | | | |
|  | Details of authorisation held | Enter text | | | | Name of Regulatory Body | | Select item |
|  | **Third-Party Functionaries** | | | | | | | |
|  | **Fund Manager**  *This sub-section is only applicable for Externally Managed Notified PIFs*  *Note: if more than one manager is responsible for the different sub-funds of a NPIF, please ensure that fields 3.3.1.1 to 3.3.1.4 are filled out for all fund managers of the NPIF.* | | | | | | | |
|  | Name of Fund Manager | Enter text | | | | | | |
|  | Authorised Person ID  *(if applicable)* | Enter text |  | LEI Code *(if applicable)* | | | | Enter text |
|  | If the manager listed above is not responsible for the management of all assets of the NPIF, please list the NPIF sub-funds for which it is being/has been appointed: | | Enter text | | | | | |
|  | **Address** | | | | | | | |
| 3.3.1.5 | **Registered Address**  *Indicate registered address as indicated on the Registration Document* | | | | | | | |
| 3.3.1.5.1 | Number/Name | Enter text | 3.3.1.5.2 | | Street/Road | | | Enter text |
| 3.3.1.5.3 | City/Town/Village | Enter text | 3.3.1.5.4 | | Region/State  *(if applicable)* | | | Enter text |
| 3.3.1.5.5 | Post Code | Enter text | 3.3.1.5.6 | | Country | | | Select country |
| 3.3.1.6 | **Details of Authorisation Held** | | | | | | | |
| 3.3.1.6.1 | Indicate the Regulatory Status of the Fund Manager: | | | | | | | |
| |  |  | | --- | --- | | 1. A *de minimis* AIFM in possession of an Investment Services Licence issued in terms of Article 6 of the Act and duly authorised by the MFSA to provide management services to collective investment schemes; or | Select item | | 1. A *de minimis* AIFM which is authorised in an EU or EEA State; or | Select item | | 1. A third country AIFM which is authorised in a jurisdiction with whom the MFSA has signed a bilateral cooperation agreement/ memorandum of understanding on securities,[[2]](#footnote-3) and which the Authority deems to be subject to regulation in an equal or comparable level to that it would have been subject to in Malta.   Provided that, where there is no bilateral cooperation agreement/memorandum of understanding on securities in place, the MFSA may accept other forms of agreements/memoranda of understanding that it deems acceptable; or | Select item | | 1. A manager established in Malta which is exempt from the requirement for an investment services licence in terms of Regulation 3(1)(f) of S.L. 370.02 – the Investment Services Act (Exemption) Regulations, to the extent that the Notified PIF it manages is a family office vehicle which invests the private wealth of investors without raising external capital; or | Select item | | 1. A manager established in Malta which is exempt from the requirement for an investment services licence in terms of Regulation 3(1)(t) of S.L. 370.02 – the Investment Services Act (Exemption) Regulations, to the extent that the Notified PIF it manages is a family office vehicle which invests the private wealth of investors without raising external capital. | Select item | | | | | | | | |
| 3.3.1.7 | If Case ‘*B*’ or ‘*C’* was selected in 3.3.2.1 above, provide details of authorisation held: | | | | | | | |
| 3.3.1.7.1 | Name of Regulatory Body | Select item | 3.3.1.7.2 | | If ‘*Other’*: Name of Regulatory Body | | | Enter text |
| 3.3.1.7.3 | Country of Authorisation | Select country | 3.3.1.7.4 | | Authorisation Date | | | Enter date |
| 3.3.1.7.5 | Details of authorisation held | Enter text | | | | | | |
| 3.3.1.7.6 | If Case ‘*C*’ was selected in 3.3.2.1 above, please select the applicable regulatory framework from the following list: | | | | | | | Select item |
| 3.3.1.7.7 | If Case ‘C’ was selected in 3.3.2.1 above, and the respective framework does not feature in the dropdown list in 3.3.2.8, please attach confirmation that the Fund Manager has been pre-authorised by the MFSA to act as a manager of a Notified PIF pursuant to Rule 6.01(iii) of the NPF Rules, Part A. | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Fund Administrator** | | | | |
|  | Name of Fund Administrator | Enter text |  | LEI Code *(if applicable)* | Enter text |
|  | **Address** | | | | |
| 3.3.2.2 | **Registered Address**  *Indicate registered address as indicated on the Registration Document* | | | | |
| 3.3.2.2.1 | Number/Name | Enter text | 3.3.2.2.2 | Street/Road | Enter text |
| 3.3.2.2.3 | City/Town/Village | Enter text | 3.3.2.2.4 | Region/State  *(if applicable)* | Enter text |
| 3.3.2.2.5 | Post Code | Enter text | 3.3.2.2.6 | Country | Select country |
|  | **Safekeeping Arrangements** | | | | |
|  | Does the Applicant intend to appoint a Custodian or a Prime Broker? | | | | Select item |
|  | If “No”, please elaborate on the entity/individuals responsible for the safekeeping of the assets of the fund | | | | |
| Enter text | | | | |
|  | If “Yes”, please include details of the Custodian/ Prime Broker to be appointed | | | | |
|  | Name of Custodian/ Prime Broker | Enter text |  | LEI Code *(if applicable)* | Enter text |
|  | **Address** | | | | |
| 3.3.3.5 | **Registered Address**  *Indicate registered address as indicated on the Registration Document* | | | | |
| 3.3.3.5.1 | Number/Name | Enter text | 3.3.3.5.2 | Street/Road | Enter text |
| 3.3.3.5.3 | City/Town/Village | Enter text | 3.3.3.5.4 | Region/State  *(if applicable)* | Enter text |
| 3.3.3.5.4 | Post Code | Enter text | 3.3.3.5.5 | Country | Select country |
| 3.3.3.6 | **Details of Authorisation Held** | | | | |
| 3.3.3.6.1 | Does the Custodian/ Prime Broker hold an authorisation by the MFSA or any other Regulatory Authority? | | | | Select item |
| 3.3.3.6.2 | If ‘*Yes’*: Provide details of authorisation held: | | | | |
| 3.3.3.6.3 | Name of Regulatory Body | Select item | 3.3.3.6.4 | If ‘*Other’*: Name of Regulatory Body | Enter text |
| 3.3.3.6.5 | Country of Authorisation | Select country | 3.3.3.6.6 | Authorisation Date | Enter date |
| 3.3.3.6.7 | If ‘No’: Provide an explanation with respect to such appointment. | | | | |
|  | Enter text | | | | |
|  | **Due Diligence Service Provider** | | | | |
|  | Name of the Due Diligence Service Provider | | | Enter text | |
|  | Select the Regulatory Status of the Due Diligence Service Provider | | | Select item | |
|  | If option C) has been selected, has the entity been approved by the MFSA to act as a Due Diligence Service Provider with respect to a Notified PIF? | | | Select item | |
|  | **Address** | | | | |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State  *(if applicable)* | Enter text |
|  | Post Code | Enter text | | | |

| * 1. Anti-Money Laundering & Counter Financing of Terrorism | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **Money Laundering Reporting Officer** | | | | | |
|  | **Identification** | | | | | |
|  | Title | Select item | | | | |
|  | Name | Enter text |  | Surname | Enter text | |
|  | Date of Birth | Enter date | | | | |
|  | Identification Document (‘ID’) Type | Select item |  | ID Number | Enter text | |
|  | ID Expiry Date | Enter date |  | Country of Issuance | Select country | |
|  | MFSA PQ Code | Enter text | | | | |
|  | Is the Money Laundering Reporting Officer a senior official of the NPIF or the MLRO of the Administrator? | | | | Select item | |

| * 1. Declaration Form | | | |
| --- | --- | --- | --- |
| *This Declaration Form should be signed by the signatories vested with legal representation of the NPIF, or a person authorised on their behalf.* | | | |
| The undersigned, on behalf of *NPIF*, declare that:   1. Notification Form Submission and Authorisation Requirements    1. the *NPIF* has duly authorised the undersigned to complete and submit this Notification Form to the MFSA;    2. the *NPIF* is aware of the requirements under the provisions of the Act and other respective national or European Regulatory Frameworks or other binding regulation as may be applicable; 2. Internal Arrangements   *Transparency and Disclosure Requirements*  The *NPIF* confirms that the offering document of the NPIF under management is in line with transparency and disclosure requirements in accordance with AX39 – Annex A - Resolution of the Governing Body to the Investment Services Rules for NPIFs.   1. Information Provided to Authority    1. the information given in answer to the questions within this Notification Form is complete and accurate to the best of our knowledge, information and belief and that there are no other facts relevant to this Form of which the Authority should be aware;    2. the *NPIF, or any other person authorised by it to prepare and submit this notification form,* has not tampered with, or modified in any manner, this Notification Form or its respective Annexes, and understands that such tampering with, or modification in any manner of these documents will result in a refusal of this submission;    3. there are no inconsistencies between the provisions of the Constitutional Documents, the documents submitted with this Notification Form (where applicable) and the information given in answer to the questions within this Form;    4. the MFSA will be notified immediately if the information given in answer to the questions within this Notification Form changes and/or affects the completeness or accuracy of this Form; and    5. the following documentation as indicated in the below have been submitted together with this Notification Form:  |  |  |  | | --- | --- | --- | | Checklist of Documentation to be Submitted with the Notification Form | | | |  | Notification Fee | Select item | |  | AX39 – Annex A - Resolution of the Governing Body | Select item | |  | AX41 – Annex B - Declaration Form for Service Providers regarding due diligence undertaken on the NPIF’s Functionaries and governing body | Select item | |  | AX42 – Annex C - Contents of the Offering Memorandum | Select item | |  | AX43 – Annex D - Declaration Form for Due Diligence Service Providers | Select item | |  | AX44 – Annex E - Competence Assessment for persons seeking appointment as Due Diligence Service Providers under the NPIF Framework | Select item | |  | AX45 – Annex F - Auditor’s Declaration Form | Select item | |  | AX48 – Annex H - Confirmation by Due Diligence Service Provider (if applicable) | Select item | |  | AX49 – Annex I - Endorsement by the Governing Body of the NPIF (if applicable) | Select item | |  | AX56 – Annex J: Due Diligence Service Providers Attestation Form (if applicable) | Select item | |  | Confirmation that the Fund Manager has been pre-authorised by the MFSA to act as a manager of a Notified PIF pursuant to Rule 6.01(iii) of the NPF Rules, Part A (if applicable). | Select item | |  | If Case ‘B’ was selected in 3.3.1.6.1 above, confirmation that the Fund Manager has been approved as a EuVECA/EuSEF Manager, as applicable, in its own Member State. | Select item |  1. Representatives and Disclosure    1. the MFSA is hereby being authorised to contact the representatives provided by theApplicantunder Section 1 of Part 1 of this Application;    2. the MFSA is hereby being authorised to make such enquiries as it may consider necessary in connection with this Application;    3. the MFSA is hereby being authorised to contact any or all of the above-named or any other person considered by the Authority to be relevant, both at the date of application and at any time in the future unless and until I/we rescind this authority in writing;    4. the governing body of the NPIF has duly authorised the undersigned to complete and submit this Notification Form to the MFSA;    5. the governing body of the NPIF is aware of the requirements under the provisions of the Act and other respective national or European Regulatory Frameworks or other binding regulation as may be applicable. 2. Privacy Notice    1. I/we have read and understood the [MFSA Privacy Notice](https://www.mfsa.mt/privacy-notice/)[[3]](#footnote-4) and the terms and conditions included therein. | | | |
|  |  |  | |
| Name | Enter text | Surname | Enter text |
| Position | Enter text | Date | Enter date |
|  |  | | |

*(Add multiple as applicable)*

1. For the purposes of this field, the term “Service Provider” shall be understood as a reference to the Manager, Custodian (where appointed), Fund Administrator, Due Diligence Service Provider, and founder shareholders of the NPIF. [↑](#footnote-ref-2)
2. For a list of the bilateral MoUs MFSA has in place with Foreign Regulators, please refer to the following link: <https://www.mfsa.mt/our-work/eu-and-international-affairs/#EU> [↑](#footnote-ref-3)
3. For further information visit: <https://www.mfsa.mt/privacy-notice/> [↑](#footnote-ref-4)