



Cayman Monetary Regulatory Authority International

At the forefront of financial regulation, the Cayman Monetary Regulatory Authority International (CMRAI) is dedicated to upholding the highest standards of financial oversight and compliance. Our mission is to safeguard the stability and integrity of the global financial system by ensuring that financial services operate within a framework of transparency, accountability, and excellence.

As a trusted partner to financial institutions worldwide, CMRAI provides rigorous supervision, innovative solutions, and strategic guidance to foster a secure and thriving financial environment. With decades of experience and a commitment to global standards, we stand as a pillar of trust and security in an ever-evolving financial landscape.

With a legacy of excellence in financial oversight, the Cayman Monetary Regulatory Authority International (CMRAI) is a beacon of trust in the international financial community. Our role extends beyond regulation; we are innovators, collaborators, and protectors of the global financial ecosystem. By fostering compliance, promoting best practices, and embracing technological advancements, CMRAI ensures that financial services remain resilient and adaptable in a dynamic global market.

Our comprehensive approach to regulation encompasses a deep understanding of financial risks and a proactive stance on emerging challenges. We are committed to empowering financial institutions with the tools and guidance necessary to navigate complex regulatory landscapes, thereby contributing to global economic stability and growth.

APP-101-78 Application for Limited Investor Fund To apply as a Fund under section 4(4) of the Mutual Funds Law A - FUND DETAILS A01Name of Fund A02Industry Reference A03Requested date of Registration A04Date of Formation / incorporation A05Companies Registration (CORIS) Number A06Legal Entity Identifier (LEI) A07Legal Structure A08Attach Certificate of Incorporation / Registration A09Attach Offering Document/Summary of Terms/Marketing Material A10Base Currency of Offering A11Maximum Aggregate of Offering A12Minimum Aggregate of Offering A13Primary Investment Strategy A14Primary Investment Strategy - Other A15Secondary Investment Strategy A16Secondary Investment Strategy - Other A17Investment restrictions Category A18Investment restrictions Details A19Invests through Registered Master Fund ("Yes";"No") A20Risk factors A21Minimum initial investment for investor (USD) A22Actual or expected size of investor base A23 Attach Confirmation that majority of investors have the power to appoint/remove the operator(s) (Constitutional documents/Resolution/Offering memorandum etc.) A24Has Nominee Investors ("Yes";"No") A25Frequency of Valuations A26Frequency of Shareholder Issues A27Frequency of Redemptions A28FYE Day A29FYE Month A30Accounting Principles A31Auditing Principles A32Single fund / Multi Fund If Multi Fund... Segregate Portfolio(s) NameCountry of Establishment Details same as above Limited Investor fund? Base Currency of Offering Maximum Aggregate of Offering Minimum Aggregate of Offering Primary Investment Strategy A31(i)(ii)(iii)(iv)(v)(vi)(vii) ("Yes;No") +/- Details Secondary Investment Strategy Details Investment restrictions Category Investment restrictions Details Risk factors Minimum initial investment for investor (USD) Actual or expected size of investor Base Frequency of Valuations Frequency of Shareholder Issues Frequency of Redemptions FYE MonthFYE Day Accounting Principles Auditing Principles (viii)(ix)(x)(xi)(xii)(xiii)(xiv)(xv)(xvi)(xvii)(xviii)(xix)(xx)(xxi)(xxii) APP-101-78 Application for Limited Investor Fund To apply as a Fund under section 4(4) of the Mutual Funds Law B - SERVICE PROVIDERS REGISTERED OFFICE Name of Registered OfficeB01 ONGOING QUERIES Ongoing queries - same as Registered Office?B02("Yes; No") If no, provide Name of Entity responsible for Ongoing Queries B03 Building, Floor, SuiteB03a Street Name and NumberB03b P.O. BoxB03c CityB03d Province / StateB03e ZIP / Postal CodeB03f CountryB03g Telephone NumberB03h addressB03i FEE PAYMENTS Fee Payments - Same as Registered Office?B04("Yes; No") If no, provide Name of Entity responsible for Fee Payments B05 Building, Floor, SuiteB05a Street Name and NumberB05b P.O. BoxB05c CityB05d Province / StateB05e ZIP / Postal CodeB05f CountryB05g Telephone NumberB05h addressB05i DISTRIBUTOR Name of Distributor (if applicable)B06 INVESTMENT MANAGEMENT Is the investment manager independent (i.e. outside the group of entities or common shareholder group?) B07 ("Yes; No") Country of Investment ManagerB08 If in Cayman, select Investment Manager nameB08a If in Cayman but not registered/licensed, provide Investment Manager Name B08b New Investment Manager Application Ref#B08bb If not in Cayman, provide Investment Manager nameB08c If not in Cayman, select name of regulator of Investment Manager (if applicable) B09 Principal(s) of the Investment Manager as disclosed in the Offering document / marketing materials / summary of terms B10 First NameLast NameEmail Address (i)(ii)(iii) +/- +/- INVESTMENT ADVISOR (if applicable) B11Country Name of Advisor Principal First Name Principal Last Name Principal Address (i)(ii)(iii)(iv)(v) +/- +/- ADMINISTRATOR Does the fund provide its own administration services?B12 ("Yes; No") If 'No'... Country of AdministratorB13 If in Cayman, select Administrator NameB14a If not in Cayman, provide Administrator NameB14b Administrator's Consent LetterB14c Name of Regulator for Administrator contracted (if applicable) B15

REGISTRAR AND TRANSFER AGENT Registrar and Transfer Agent - Same as Administrator? B16 ("Yes; No") If no, provide name of Registrar and Transfer Agent B16a Country of Registrar and Transfer Agent B17 Attach consent from Registrar and Transfer Agent B18 Name of Regulator for Registrar and Transfer Agent contracted (if applicable) B21 Is the Registrar and Transfer Agent independent (i.e. outside the group/common shareholder group of the investment manager)? B20 ("Yes; No") NAV CALCULATION AGENT NAV Calculation Agent - Same as Administrator? B21 ("Yes; No") If no, provide name of NAV Calculation Agent B21a Country of NAV Calculation Agent B22 Attach consent from NAV Calculation Agent B23 Name of Regulator for NAV Calculation Agent contracted (if applicable) B24 Is the NAV Calculation Agent independent (i.e. outside the group/common shareholder group of the investment manager)? B25 SUB-ADMINISTRATOR B26 Name Country (i)(iii) +/- +/- PRIME BROKER B27 Name Country (i)(iii) +/- +/- CUSTODIAN B28 Name Country (i)(iii) +/- +/- SUB-CUSTODIAN B29 Name Country (i)(iii) +/- +/- DEPOSITARY Name of Depositary B30 Country of Depositary B31 STOCK EXCHANGE Primary Stock Exchange of Fund B32 LEGAL COUNSEL Legal Counsel in Cayman B33 Other Legal Counsel (if applicable) B34 Name Country (i)(iii) +/- +/- AUDITORS Cayman auditor (local audit sign-off) B35 Attach Auditor's Consent Letter B36 Name of overseas auditor (if applicable) B37 Country of overseas auditor B38 PROMOTER / SPONSOR Name of Promoter / Sponsor B39 Country of Promoter / Sponsor B40 APP-101-78 Application for Limited Investor Fund To apply as a Fund under section 4(4) of the Mutual Funds Law C - STRUCTURE CORPORATES CORPORATE LEGAL STRUCTURES Person Directors (Minimum of two persons) CMRAI Directors (if applicable): Director C01 +/- +/- CMRAI Directors not yet related (if applicable): Director First Name (or Corporate Director Name) Director Last Name Director ID C02 (i)(ii)(iii) +/- +/- Other Directors (if applicable): First name Middle Name Last name Date of Birth Country of Birth Email Address C03 (i)(ii)(iii)(iv)(v)(vi) +/- +/- Corporate Director Name C04 Country of Formation C05 CMRAI ID (if known) C06 Details of Principals of Corporate Director (if applicable): First name Middle Name Last name Date of Birth Country of Birth Email Address C07 (i)(ii)(iii)(iv)(v)(vi) +/- +/- TRUSTS TRUST STRUCTURES Trustee C08 PARTNERSHIPS PARTNERSHIPS General Partner C09 GP Country C10 GP Legal Entity Identifier (LEI) C11 PRINCIPALS OF THE GENERAL PARTNER: First name Middle Name Last name Date of Birth Country of Birth Email Address CMRAI ID (if known) C12 (i)(ii)(iii)(iv)(v)(vi)(vii) Day/Month/Year XX/XX/XXXX +/- +/- APP-101-78 Application for Limited Investor Fund To apply as a Fund under section 4(4) of the Mutual Funds Law D - AML Officers Is the AML function outsourced? D00i ("Yes; No") AML/CFT service provider name D00ii AML/CFT service provider country D00iii AML/CFT service provider email D00iv Details of Anti-Money Laundering Compliance Officer (ALMCO) CMRAI ID (if known) D01 Prefix D02 First Name D03 Middle Name D04 Last Name D05 Date of Birth D06 Day/Month/Year XX/XX/XXXX Country of Birth D07 Gender D08 Other names (Aliases) D09 Occupation Title D10 Employer D11 P.O. Box D12 Street Address D13 City D14 State/ Province D15 Country D16 Zip / Postal Code D17 Number D18 Facsimile Number D19 Address D20 Attach CV / Resume D21 Qualifications: Description Date Accrediting Body Type D22 (i)(ii)(iii)(iv) Day/Month/Year XX/XX/XXXX +/- +/- Details of Deputy Anti-Money Laundering Compliance Officer (DAMLCO) CMRAI ID (if known) D23 Prefix D24 First Name D25 Middle Name D26 Last Name D27 Date of Birth D28 Day/Month/Year XX/XX/XXXX Country of Birth D29 Gender D30 Other names (Aliases) D31 Occupation Title D32 Employer D33 P.O. Box D34 Street Address D35 City D36 State/ Province D37 Country D38 Zip / Postal Code D39 Number D40 Facsimile Number D41 Address D42 CV / Resume D43 Qualifications:

DescriptionDateAccrediting BodyType D44(i)(ii)(iii)(iv) Day/Month/Year XX/XX/XXXX+/- +/-
Details of Money Laundering Reporting Officer (MLRO) CMRAI ID (if known)D45 PrefixD46
First NameD47 Middle NameD48 Last NameD49 Date of BirthD50 Day/Month/Year
XX/XX/XXXX Country of BirthD51 GenderD52 Other names (Aliases)D53 Occupation
TitleD54 EmployerD55 P.O. BoxD56 Street AddressD57 CityD58 State/ ProvinceD59
CountryD60 Zip / Postal CodeD61 NumberD62 Facsimile NumberD63 AddressD64 Attach
CV / ResumeD65 Qualifications: DescriptionDateAccrediting BodyType D66(i)(ii)(iii)(iv)
Day/Month/Year XX/XX/XXXX+/- +/- Details of Deputy Money Laundering Reporting Officer
(DMLRO) CMRAI ID (if known)D67 PrefixD68 First NameD69 Middle NameD70 Last
NameD71 Date of BirthD72 Day/Month/Year XX/XX/XXXX Country of BirthD73 GenderD74
Other names (Aliases)D75 Occupation TitleD76 EmployerD77 P.O. BoxD78 Street
AddressD79 CityD80 State/ ProvinceD81 CountryD82 Zip / Postal CodeD83 NumberD84
Facsimile NumberD85 AddressD86 Attach CV / ResumeD87 Qualifications:
DescriptionDateAccrediting BodyType D88(i)(ii)(iii)(iv) Day/Month/Year XX/XX/XXXX+/- +/-