



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.

FORM MF4 ISD\REG\APP\04 v1.0 Page 1 of 5 APPLICATION FOR REGISTRATION OF A MASTER FUND UNDER SECTION 4(3)(a)(iii) OF THE MUTUAL FUNDS LAW (2009 REVISION) (AS AMENDED) (THE LAW) NOTES: 1. Master Funds must be registered with the Authority in the prescribed manner before carrying on business in or from the Islands. 2. In order for a Master Fund to be registered, the documents and information prescribed below must be submitted to the Authority: Completed and signed Form MF4 o The Form must be completed in full. o The declaration on this form must be signed by an operator(s) as defined in the Law. The contact information must include the actual business address and the and fax numbers at which the operator(s) can be contacted. If different from that of the regulated Feeder Fund(s) an Auditor's letter of consent (must be a local approved auditor) o The letter must include: the name of the Master Fund; the date of the Master Fund's financial year end; the accounting principles that will be used to prepare the accounts; the first reporting period; and confirmation that the auditor is aware of and agrees to fulfil its obligations pursuant to Section 35 of the Law. If different from that of the regulated Feeder Fund(s) an Administrator's letter of consent o The letter must include the name of the Master Fund, acceptance of appointment as administrator and a summary of the services to be provided. o Where administration functions are delegated or functions are provided by different service providers, please provide details of such arrangements. Current Offering Document (date/version) o Applicable if separate Offering Document has been prepared for the Master Fund. Proof of Incorporation/Registration o Company: Certified copy of Certificate of Incorporation issued by the Registrar of Companies; o Unit Trusts: Trust Deed; o Exempt Unit Trusts: Certified copy of Certificate of Registration issued by the Registrar of Trusts; o Partnerships: Certified copy of Certificate of Registration issued by the Registrar of Partnerships. Prescribed Fee as required by the Mutual Funds (Fees) Regulations (2011 Revision) (as amended) Print Form When submitting the form, please advise who will be responsible for dealing with queries and the payment of annual fees, i.e. the registered office or (if applicable) the local administrator.

FORM MF4 ISD\REG\APP\04 v1.0 Page 2 of 5 Notes continued: 3. The above documents and fee must be submitted to the attention of: The Managing Director Cayman Monetary Regulatory Authority International P.O. Box 10052 George Town, Grand Cayman KY1-1001 Telephone: (345) 949-7089 Fax: (345) 949-2532 4. Questions regarding this Form or any of the requirements of the Mutual Funds Law (2009 Revision) (as amended) should be addressed to or: The Investments & Securities Division Cayman Monetary Regulatory Authority International P.O. Box 10052 George Town, Grand Cayman KY1-1001 Telephone: (345) 949-7089 Fax: (345) 949-2532

5. Additional information regarding setting up requirements and regulatory requirements is available on our website: . FORM MF4 ISD\REG\APP\04 v1.0 Page 3 of 5 1. Name of Master Fund: 2. Type of Entity: 3. Date of Incorporation/Establishment: 4. Entity Registry ID # (where applicable): 5. (a) Does the Master Fund have investors other than the regulated Feeder Fund(s)? Yes: No: (b) Has an offering document been prepared for the Master Fund separate from that of the regulated Feeder Fund(s)? If yes, please attach a copy hereto. Yes:No: (c) Please include a summary of the material terms of the Master Fund's offering to the extent that (i) they differ from the comparable terms of the regulated feeder fund and (ii) are not already included in the offering document for the regulated feeder fund. 6. Name of Auditor if different from that of the regulated Feeder Fund(s) (must be on the List of Approved Local Auditors). Name: Address: Country: No.: Fax No. address: Financial year-end: First accounting period: 7. Details of Operators and/or Service Providers if different from those of the regulated Feeder Fund(s). Cayman Islands FORM

MF4 ISD\REG\APP\04 v1.0 Page 4 of 5 8. Details of Feeder Fund(s): Feeder Fund Name:
Country of Incorporation/ Establishment: Cayman Islands Entity Registry ID # (if applicable):
Regulatory Agency (if applicable): Type of Entity: CMRAI Certificate # (if applicable):

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DECLARATION I declare to the best of my knowledge and belief the information given above
is correct. Signature of Operator Date _____

Name of signatory (please print) Address: : Fax: : _____