

THE RESERVE BANK OF FIJI

FORM B10
Section 322(3)
of the Companies Act 2015

APPLICATION FOR APPROVAL OF MANAGED INVESTMENT SCHEME OR RENEWAL

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) of the form or complete an annexure and submit the relevant page(s) or annexure as part of this lodgement.

Lodgement details

Who should the Reserve Bank contact if there is a query about this form?

Firm/organisation
Contact name
Position description
Telephone number (during business hours)
Email address (optional)

Level/Office building
Street number and street
Town/City
Island

Proposed details of Managed Investment Scheme

Scheme name

Proposed scheme details

.....
.....
.....
.....
.....

A. Proposed Manager details

Address must not be a Post Office Box. Must be a street address.

Company name
Company number (if applicable).....
Country of incorporation (if not Fiji)

Level/Office building
Street number and street
Town/City
Island/State/Territory.....
Postcode
Country (if not Fiji)

B. Proposed Trustee details

Address must not be a Post Office Box. Must be a street address.

Company name
 Company number (if applicable).....
 Country of incorporation (if not Fiji)

 Level/Office building
 Street number and street
 Town/City
 Island/State/Territory
 Postcode
 Country (if not Fiji)

C. Responsible person details

To obtain an approval for a Managed Investment Scheme, the applicant must show that it has one or more responsible persons with the necessary competence to provide and manage the Managed Investment Scheme.

Address must not be a Post Office Box. Must be a street address.

Surname
 First name(s)
 Former name

 Level/Office building
 Street number and street
 Town/City
 Island

Qualifications and skills

Does the responsible person hold a degree, diploma or certificate from a university or another institution in or outside of Fiji?

☐ Yes ☐ No

If yes, please attach a copy of the degree, diploma or certificate.

Is the responsible person a chartered accountant with a current Certificate of Public Practice issued by the Fiji Institute of Accountants in accordance with the Fiji Institute of Accountants Act (Cap. 259)?

☐ Yes ☐ No

If yes, please attach a certified copy of the certificate.

Suitability

Has the responsible person at any time been refused the right, or restricted in the right, to carry on any trade, business or profession for which a licence, registration or other authority is required by law?

☐ Yes ☐ No

If yes, please provide details in an annexure.

Has the responsible person been refused membership of, suspended from membership of, or disciplined by, any securities, stock, futures, commodities or other exchange?

☐ Yes ☐ No

If yes, please provide details in an annexure.

Has the responsible person held an approval to operate a Securities Exchange or Central Depository which has been cancelled, suspended or had conditions, restrictions or limitations imposed on it?

☐ Yes ☐ No

If yes, please provide details in an annexure.

Has the responsible person held a Securities Industry Licence which has been cancelled, suspended or had conditions, restrictions or limitations imposed on it?

☐ Yes ☐ No

If yes, please provide details in an annexure.

Has the responsible person at any time been declared bankrupt or insolvent in Fiji or any other foreign country?

☐ Yes ☐ No

If yes, please provide details in an annexure.

Has the responsible person at any time been disqualified from being an officer, auditor or liquidator of a company or business in Fiji or any other foreign country?

☐ Yes ☐ No

If yes, please provide details in an annexure.

Has the responsible person at any time been refused registration as, or excluded or suspended from practice as, an auditor or liquidator of a company or business in Fiji or any other foreign country?

☐ Yes ☐ No

If yes, please provide details in an annexure.

Does the responsible person have any legal or disciplinary proceedings pending against the responsible person in Fiji or any other foreign country that may result in action that would require disclosure under any of the above items?

☐ Yes ☐ No

If yes, please provide details in an annexure.

In the last 5 years has the responsible person resigned or been removed from office as an auditor or a liquidator of a company or business in Fiji or any other foreign country?

☐ Yes ☐ No

If yes, please provide details in an annexure, including:

- (a) the type of office (auditor or liquidator);
- (b) whether the manner of ceasing was resignation or removal;
- (c) the date of ceasing;
- (d) the company name and company number (if applicable); and
- (e) the reason for ceasing.

Declaration of responsible person

I have been appointed as the responsible person of the applicant named in this application.

Signature of responsible person

Name

Position

Date of appointment / /

Signature

D. Proposed Scheme Deed

☐ Copy of proposed Scheme Deed lodged with this form.

Signature

This form must be signed by a current officeholder of the proposed Manager of the Managed Investment Scheme.

I/we apply for registration of a Managed Investment Scheme on the basis of the information in this form and any attachments. The information in this form and in any annexures is true and current at the time of signing.

Name

Capacity

☐ Director

☐ Company secretary

Signature

Date signed / /