

FORM CHG

EXHIBIT 17

SAINT VINCENT AND THE GRENADINES

MUTUAL FUNDS REGULATIONS,

CHAPTER 154 OF THE REVISED LAWS OF SAINT VINCENT AND THE GRENADINES,
2009

Notice of Change of Particulars

(Complete in Duplicate)

Date:

To: REGISTRAR OF MUTUAL FUNDS
FINANCIAL SERVICES AUTHORITY
P.O. BOX 356
KINGSTOWN
SAINT VINCENT AND THE GRENADINES

Dear Sir,

We hereby notify you that we have changed the particulars set forth in our Application for Recognition or Application for Registration of License or most recent Application for Renewal or Application for Extended Renewal, as the case may be, as follows. We enclose herewith a certified or bank cheque in the amount of the Fee for Submission of Change of Particulars of U.S. \$50.00

Approval is requested for the following changes:

1.
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2.
.....
.....
3.
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.....

Yours faithfully,

NAME:

By:

Its:

APPROVED, except as may be set forth in an attachment hereto.

.....

Registrar of Mutual Funds

[STAMP]
