

FORM PAF

EXHIBIT 4

**SAINT VINCENT AND THE GRENADINES
MUTUAL FUNDS REGULATIONS, CHAPTER 154 OF
THE REVISED LAWS OF SAINT VINCENT AND THE GRENADINES, 2009**

Application for Recognition of Private or Accredited Mutual Fund

Name of Fund

Note.—

- 1. This application should be supported by Forms PQ completed by the Managers and/or Directors named at question 4(j).*
- 2. Completed Forms PAF and supporting material, together with the application fee as prescribed from time to time in regulations, should be submitted to—*

REGISTRAR OF MUTUAL FUNDS SAINT VINCENT AND THE GRENADINES, FINANCIAL SERVICES AUTHORITY 2nd FLOOR INLAND REVENUE BUILDING, GRENVILLE STREET P.O. BOX 356 KINGSTOWN, SAINT VINCENT AND THE GRENADINES

1. Proposed name of the Mutual Fund for which recognition is sought (please explain reasons for that name if it is not clear from the name of the promoter/manager or the investment objectives).

2. What is the legal form (e.g. company, limited duration company, partnership, unit trust) and type (e.g. single class, multi-class or umbrella fund segregated cell company) of the mutual fund?

3. Proposed category of Fund

_____ Private

_____ Accredited

4. In the case of a Mutual Fund Company, please state:

(a) The country of incorporation

(b) Date of incorporation

(c) (i) Name and Address of Registered Agent in St. Vincent and the Grenadines

(ii) Principal place of business, if different

(d) The name and address and contact details of the Manager of the fund (if a separate entity or person)

(e) The name and address and contact details of any person to whom it is intended to delegate any of the Manager's functions

NAME	
ADDRESS	
TELEPHONE	
FAX	
E-MAIL	
WEBSITE	

- (f) The name and address and contact details of the Administrator of the fund (if a separate entity or person)

NAME	
DIRECTORS	
ADDRESS	
TELEPHONE	
FAX	
E-MAIL	
WEBSITE	

- (g) The name and address and contact details of the Custodian(s)

NAME OFCUSTODIAN	
ADDRESS	
TELEPHONE	
FAX	
E-MAIL	
WEBSITE	

- (h) The name and address and contact details of any person to whom it is intended to delegate any of the Custodian's functions

NAME	
BUSINESS ADDRESS	
TELEPHONE	
FAX	
E-MAIL	
WEBSITE	

- (i) The names and address and contact details of any other Advisor/s under contract to advise/manage/ administer the fund

NAME	
BUSINESS ADDRESS	
TELEPHONE	
FAX	
E-MAIL	
WEBSITE	

- (j) Names of the Directors* of the company (see Note 2)

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****Persons subsequently appointed directors of the company should, on appointment, complete and return a Form PQ.***

5. In the case of a Unit Trust state—

- (a) The Law governing the trust

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(b) The date of trust deed

(c) The name and address of the Manager (if separate from the trustee)

(d) The name and address of any person to whom the Manager intends to delegate any of his functions

(e) The name and address of the Trustee

(f) The name and address of any person to whom the Trustee intends to delegate any of his functions

- (g) The name/s and addresses of any other parties under contract to advise the fund (e.g. Investment Advisor)

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6. Address where the Register of Investors will be kept.

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7. Name(s) and address(es) and contact details of Legal Advisor(s) to the Fund.

NAME OF LEGAL ADVISOR	
ADDRESS	
TELEPHONE	
FAX	
E-MAIL	
WEBSITE	

8. Name and address and contact details of the External Auditor (the Auditor) of the fund.

NAME OF AUDITOR	
ADDRESS	
TELEPHONE	
FAX	
E-MAIL	
WEBSITE	

9. Indicate the professional bodies which the Applicant's Auditor is a member

10. Briefly describe the investment objectives of the Fund including financial objectives (e.g. capital growth or income), investment policy (e.g. specialisation in geographical or industrial sectors) and any limitations on that policy.

11. Briefly outline how the investment objectives are to be achieved, including an indication of any techniques and instruments or borrowing powers which may be used.

12. What is the base currency of the Fund?

13. State the intended date of launch of the Fund, how it will be sold to investors (e.g. via intermediaries, direct press advertising), to whom it is intended to market the Fund (e.g. general public, accredited investors) and the countries in which it is proposed that the Fund will be marketed.

14. State the intended duration of the Fund.

15. (a) State the range or estimate of any management fees or charges specifying separately preliminary fees or charges, periodic fees or charges and other charges.

(b) State the range or estimate of any Trustee/Custodian fees or charges and whether they are chargeable to the Fund or to the Manager.

(c) State any other significant charges or fees to be borne by the fund and not covered by (a) or (b).

16. Give details of any power to increase management fee or charges and maximum permitted level of management charges (if any) specifying separately preliminary, periodic and other fees or charges.

17. Give details of any power to increase Trustee/Custodian fees or charges and maximum permitted range/estimate of such charges.

18. Will the operation of the Fund require authorisation from any Government or Regulatory body outside Saint Vincent? *YES/NO

19. Give details of where the fund will be marketed and whether authorization will be required.

If YES to authorization, give details:

20. Is the Fund proposed to be listed on a Stock Exchange or on any other investment exchange? *YES/NO

If YES, give details

21. Give details of arrangements for the issue and redemption of shares or units and of any minimum transaction size, both initially and subsequently, if different.

22. Please complete and enclose with this Form, a copy of final drafts of all the constitutional documents of the fund.

REQUIRED ENCLOSURES

Memorandum and Articles of Association/Articles of Incorporation and By laws

Management Agreement

Custodian Agreement

Administration Agreement

Investment Management Agreement

Business Plan

Delegation Agreement (IF APPLICABLE)

Investment Advisor's Agreement (IF APPLICABLE)

Sub-Custodian Agreement (IF APPLICABLE)

Registrar and Transfer Agent's Agreement (IF APPLICABLE)

Trust Deed (IF APPLICABLE)

Other (Please specify below)

DECLARATION

I declare that to the best of my knowledge and belief the information given in connection with:

Name of Fund

is true, complete and correct to the best of my knowledge, and that there are no other facts of which International Finance Authority should be aware in connection with this Application. I am aware that it is an offence* under section 40 of the Mutual Funds Act, Chapter 154 of the Revised Laws of Saint Vincent and the Grenadines, 2009, as amended, knowingly to furnish information in connection with an application for the authorisation of a mutual fund which is false or misleading in a material particular.

** Note.—Section 40 of the Act provides that a person guilty of an offence shall be liable:*

- (a) on summary conviction, to imprisonment for a term not exceeding two years or to a fine, or to both;*
- (b) on summary conviction, to a fine not exceeding \$50,000.*

On behalf of the Manager of the fund I apply for authorisation of the fund, and, if such authorisation is granted, I and the fund agree to be bound by the applicable terms and conditions of the Act and Regulations.

A. Signed: _____
(Duly authorised Officer or the Manager)

Name: _____
(in BLOCK CAPITALS)

Position Held: _____

Address: _____

Telephone number: _____

On behalf of the Trustee/Custodian/Manager of the Fund, the undersigned support this application.

B. Signed:

(Duly authorised officer of the Trustee/Custodian/Manager)

Name: _____

(in BLOCK CAPITALS)

Position Held: _____

Address: _____

Telephone number: _____

PROVISO: The Financial Services Authority takes non-disclosure very seriously. Failure to disclose relevant information at this stage may have serious consequences for the applicant and will result in a significant delay to the authorisation process. It may also call into question the applicant's suitability

***The entire Application process is approximately 4 to 6 weeks.**