**National Private Placement Regime - Material Change Notification**

Full scope Gibraltar Alternative Investment Fund Managers (AIFM) marketing funds under *Regulation 57*

**Key**

**Key and Instructions for Completing the Form**

**Key**

1. *Mandatory Fields*
2. *Mandatory if changing.*
3. *Optional*

The FCA processes personal data in line with the General Data Protection Regulation, **as onshored** and the Data Protection Act 2018. For further information about the way we use the personal data collected in this form, please read our privacy notice available on our website: <https://www.fca.org.uk/privacy>

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| **When complete, submit your form to** **nppreea57change@fca.org.uk** |

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| --- | --- |
| **AIFM Legal Name (1)** |  |
| **Firm Reference Number FRN (1)** |  |

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| **Type of Change** *Place a √ in the appropriate column* **(1)** |
| Material Change to firm/fund Information(Please complete section 1 or 2) | Cease Marketing (Please complete section 3) | Transfer Management(Please complete section 3) |
|  |  |  |
| **Date of Change (1)** |
|  |  |  |

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| **Section 1: Material Change to Firm Information** |

Confirm the Firm information you are changing

|  |  |
| --- | --- |
| **New Legal Name (2)** | Y/N |
| **New Domicile (2)** | Y/N |
| **New Statutory Authority (2)** | Y/N |
| **Contact Details (2)** | Y/N |
| **Principal Place of Business (2)** | Y/N |
| **Invoice Office Address (2)** | Y/N |

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| **New Legal Name (2)** |  |
| **New Domicile (2)** |  |
| **New Statutory Authority (2)** |  |

**DC**

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| **Change to AIFM Detail** |
| **New AIFM Details** |
| **New Legal Name (2)** |  |
| **New Domicile (2)** |  |
| **New Statutory Authority (2)** |  |

**DC**

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| **Changes to AIFM Contact Detail**  |
| **New Contact Details** |
| **First Names (2)** |  |
| **Surname (2)** |  |
| **Address (2)** |  |
| **City (2)** |  |
| **Post Code (3)** |  |
| **Country (2)** |  |
| **Email (2)** |  |
| **Phone Number (2)** |  |
| **New Principal Place of Business Address Details** |
| **Address (2)**  |  |
| **Post Code (3)** |  |
| **Country (2)** |  |
| **Email (2)** |  |
| **Phone Number (2)** |  |

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| **New Invoice Details** *(if different from Principal Place of Business details)* |
| **Address (2)**  |  |
| **Post Code (3)** |  |
| **Country (2)** |  |
| **Email (2)** |  |
| **Phone Number (2)** |  |

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| **Section 2: Material Change to Fund Information**  |

Confirm the Fund information you are changing.

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| --- | --- |
| **AIF Legal Name (2)** | Y/N |
| **Domicile of Fund (2)** | Y/N |
| **Statutory Authority of Fund (2)** | Y/N |
| **Primary Safekeeping Entity/Entities (2)** | Y/N |
| **Primary Cash Monitoring Entity/Entities (2)** | Y/N |
| **Overseeing Entity/Entities (2)** | Y/N |

**DC**

Complete your changes in the sections provided below.

|  |  |
| --- | --- |
| **Product Reference Number (PRN) (2)** |  |
| **Current Legal Name (2)** |  |
| **Product Type****(2)** | Standalone |  |
| Sub-fund |  |
| Umbrella |  |
| **New Legal Name (2)** |  |
| **New Domicile (2)** |  |
| **New Primary Statutory Authority (2)** |  |
| **EEA Feeder Fund (2)** |  |
| **New Legal Name of the Master AIF (2)** |  |
| **Domicile of the Master AIF (2)** |  |
| **Master AIF****Primary Statutory Authority (2)** |  |
| **Legal Name of the AIFM of the Master AIF (2)** |  |
| **Domicile of the AIFM of the Master AIF (2)** |  |

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|  **Primary Safekeeping Entity/Entities (up to two)**  |
| **1** |
| **Action – Add, Remove** |  |
| **Name** |  |
| **FRN** *(if known)* |  |
| **Domicile** |  |
| **2** |
| **Action – Add, Remove** |  |
| **Name** |  |
| **FRN** *(if known)* |  |
| **Domicile** |  |

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|  **Primary Cash Monitoring Entity/Entities (up to two)**  |
| **1** |
| **Action – Add, Remove** |  |
| **Name** |  |
| **FRN** *(if known)* |  |
| **Domicile** |  |
| **2** |
| **Action – Add, Remove** |  |
| **Name** |  |
| **FRN** *(if known)* |  |
| **Domicile** |  |

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|  **Overseeing Entity/Entities (up to two)**  |
| **1** |
| **Action – Add, Remove** |  |
| **Name** |  |
| **FRN** *(if known)* |  |
| **Domicile** |  |
| **2** |
| **Action – Add, Remove** |  |
| **Name** |  |
| **FRN** *(if known)* |  |
| **Domicile** |  |

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| **Section 3: Cease marketing or transfer of management** |

Please complete the table below.

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| --- | --- | --- | --- |
| Legal AIF name **(2)** | Product Reference Number (PRN) **(2)** | Cease marketing or transfer management? **(2)** | Date of cease marketing or transfer management **(2)** |
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| **Section 4: Declaration** |

It is a criminal offence to knowingly or recklessly give us information that is false or misleading. If necessary please take appropriate professional advice before supplying information to us.

I confirm that the AIFM meets the conditions in regulation 57(4) of the Alternative Investment Fund Managers Regulations 2013 (as amended) (the UK AIFM Regulations). or has ceased marketing under regulation 57 of the Alternative Investment Fund Managers Regulations 2013 (as amended) (the UK AIFM Regulations).

I understand it is a criminal office to knowingly or recklessly to give the FCA information that is false or misleading in a material particular.

I confirm that the information in the form is accurate and complete to the best of my knowledge and belief.

I confirm that I am authorised to sign on behalf of the firm.

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| **Declaration** |
| **Signature** (1) |  |
| **Name** (1) |  |
| **Position** (1) |  |
| **Date** (1) |  |