**National Private Placement Regime – Marketing Notification Form**

Full-scope Gibraltar Alternative Investment Fund Managers (AIFM’s) Marketing Funds under Regulation 57

**(1)**

**Instructions for completing the form**

1. *Mandatory Fields*
2. *If the* **AIFM** *is already registered with or authorised by the FCA then the FRN must be supplied, otherwise the AIFM National Code must be supplied.*
3. *Mandatory if the firm is not registered with the FCA*
4. *Mandatory unless the AIF ID Code type is not applicable*
5. *Mandatory if the AIF is an third country feeder AIF*
6. *Mandatory if the Structure is Sub Fund*
7. *Mandatory unless the Umbrella ID Code type is NOT applicable.*

**If you are submitting multiple notifications, copy and paste the tables provided below.**

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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| **Email completed form to** [Nppreea57new@fca.org.uk](mailto:Nppreea57new@fca.org.uk) |

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| **Section 1: AIFM** | |
| **Legal Name (1)** |  |
| **Is the firm already authorised by or registered with the FCA? (1)** |  |
| **National Code** |  |
| **FRN (2)** |  |
| **Home State (1)** |  |
| **Statutory Authority (1)** |  |

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| **Principal Place of Business** | |
| **Address (1)** |  |
| **Post Code** |  |
| **Country (3)** |  |
| **Email (3)** |  |
| **Phone number (3)** |  |

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| **Contact Details** | |
| **First Name (1)** |  |
| **Surname (1)** |  |
| **Address (1)** |  |
| **City (1)** |  |
| **Post Code** |  |
| **Country (1)** |  |
| **Email (1)** |  |
| **Phone Number (1)** |  |
| **Invoice Details (if different from Principal Place of Business** | |
| **Address** |  |
| **City (1)** |  |
| **Post Code** |  |
| **Country (1)** |  |
| **Email (1)** |  |
| **Phone Number (1)** |  |

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| **Section 2: Fund Details** | | | |
| **AIF legal name (1)** |  | **Identification Code (4)** |  |
| **AIF ID Code Type (1)** |  | **Structure (1)** |  |
| **Umbrella Legal Name (6)** |  | **Umbrella ID Code Type (6)** |  |
| **Umbrella Identification Code (7)** |  | **Domicile (1)** |  |
| **AIF primary statutory authority (1)** |  | **Is the AIF a third country feeder AIF? (1)** |  |
| **Legal name of the Master AIF (5)** |  | **Domicile of the master AIF (5)** |  |
| **Master AIF primary statutory authority (5)** |  | **Legal name of the AIFM of the master AIF (5)** |  |
| **Domicile of the AIFM of the master AIF (5)** |  |  |  |

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| **Primary Safe Keeping Entity/Entities (up to two)** | | |
| **Name (1)** | **Domicile (1)** | **FRN** |
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| **Primary Cash Monitoring Entity/Entities (up to two)** | | |
| **Name (1)** | **Domicile (1)** | **FRN** |
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| **Primary Overseeing Entity/Entities (up to two)** | | |
| **Name (1)** | **Domicile (1)** | **FRN** |
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| **Fund Details Contd** | | | |
| **Is any of the portfolio or risk management carried on by another entity?** |  | **Does the AIF have an independent valuation agent?** |  |
| **Does the AIF have an independent transfer agent?** |  | **Does the AIF use any prime brokers?** |  |
| **Does the AIF use independent auditors?** |  | **Names of other entities marketing the AIF in the UK?** |  |

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| **Section 3: 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).**  **I understand it is a criminal office to knowingly or recklessly 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 payment has been made.**  **I confirm that I am authorised to sign on behalf of the firm**. | |
| **Signature (1)** |  |
| **Name (1)** |  |
| **Position (1)** |  |
| **Date (1)** |  |