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## Notes to assist the completion of the AIFMD NPPR Material Change Notification Forms for EEA Alternative Investment Fund Managers (AIFMs) marketing funds under *Regulation 57*

The form is divided into four sections.

Completion of Sections 1, 2 & 3 depends upon the purpose of the notification. Section 4 **MUST** always be completed and the notification will not be considered valid and will not be processed.

- Section 1 - Material change to firm information
- Section 2 – Material change to fund information
- Section 3 - Cease marketing or transfer of management
- Section 4 – Declaration
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The completed form should be submitted as follows:

- EEA firm marketing funds under Regulation 57 – submit your form to [Nppreea57change@fca.org.uk](mailto:Nppreea57change@fca.org.uk)

The subject line of the email should contain your FRN and Firm Names followed by the words 'AIFMD NPPR Material Change Notification.'

If you have any queries about submitting your data, please send them to: [firm.queries@fca.org.uk](mailto:firm.queries@fca.org.uk)

### **Key**

### **Key and Instructions for Completing the Form**

### **Key**

- (1) *Mandatory Fields*
- (2) *Mandatory if changing.*
- (3) *Optional*

General Details	
Information Required	Description
AIFM Legal Name <sup>(1)</sup>	The full legal name of the AIFM as given in its incorporating documents or as modified thereafter
Firm Reference Number (FRN) <sup>(1)</sup>	Firm Reference Number issued by FCA (This information must be provided)

Type of Change	
Information Required	Description
Material Change to firm/fund Information <sup>(2)</sup>	Place a tick in the box. Complete the required fields that are provided in Section 1 of the form.
Cease Marketing <sup>(2)</sup>	Place a tick in the box. Complete the required fields that are provided in Section 2 of the form.
Transfer Management <sup>(2)</sup>	Place a tick in the box. Complete the required fields that are provided in Section 3 of the form.

Date of Change	
Information Required	Description
Date of Change <sup>(1)</sup>	Effective date of change.

## Section 1: Material Change to Firm Information

Type of Change	
Information Requiring Change	Description
New Legal Name (2)	Place a tick in the box to indicate the information you are changing.
New Domicile (2)	
New Statutory Authority (2)	
Contact Details (2)	
Principal Place of Business (2)	
Invoice Office Address (2)	

Change to AIFM Information	
Information Required	Description
New Legal Name (2)	The New Legal Name of the AIFM that will be listed on the FCA NPPR register.
New Home State (2)	The New name of the country where the AIF is domiciled.
New Statutory Authority (2)	New Primary Statutory Authority of the AIF.

Changes to AIFM Contact Details	
Information Required	Description
First Name (1)	First name(s) of the individual to be contacted regarding the notification form. The contact provided should be someone from the AIFM
Surname (1)	Surname of the individual to be contacted regarding the notification form. The contact provided should be someone from the AIFM.
Address (1)	Applicant's contact address
City (1)	City where the applicant is located
Post Code (3)	Provide post code where applicable.
Country (1)	The name of the country where the applicant is based.
Email (1)	Applicant's email address.
Phone Number (1)	Applicants contact telephone number.

### Principal Place of Business Address

Information Required	Description
Address (2)	New registered address
Post Code (3)	Provide post code where applicable
Country (2)	New Country where the AIFM registered office is based.
Email (2)	New email of the registered office.
Telephone Number (2)	New telephone number of the registered office.

### New Invoice Details

Information Required	Description
Address (2)	Provide information where the details are different to the registered address.
Post Code (3)	
Country (2)	
Email (2)	
Telephone Number (2)	

## Section 2: Material Change to Fund Information

### Type of Fund Information You are Changing

Information Requiring Change	Description
AIF Legal Name (2)	Place a tick in the box to indicate the information you are changing.
Domicile of Fund (2)	
Statutory Authority of Fund (2)	
Primary Safekeeping Entity/Entities (2)	
Primary Cash Monitoring Entity/Entities (2)	
Overseeing Entity/Entities (2)	

Change to AIF/Sub Funds					
Information Required	Description				
Product Reference Number (2)	The Product Reference Number for the AIF issued by the FCA. (This information must be provided)				
Current Legal Name (2)	The full legal name of the AIF				
Product Type – Select one for each AIF (2)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Standalone</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">Place a tick in the appropriate box.</td> </tr> <tr> <td>Sub Fund</td> </tr> <tr> <td>Umbrella</td> </tr> </table>	Standalone	Place a tick in the appropriate box.	Sub Fund	Umbrella
Standalone	Place a tick in the appropriate box.				
Sub Fund					
Umbrella					
New Legal Name (2)	The New Legal Name of the AIF.				
New Domicile – refer to link for information (2)	The New name of the country where the AIF is domiciled.				
New Primary Statutory Authority (2)	New Primary Statutory Authority of the AIF.				
EEA Feeder Fund (2)	Enter one of the following: <ul style="list-style-type: none"> <li>- Fund has become a feeder fund</li> <li>- Fund is no longer a feeder fund</li> </ul>				
New Legal Name of the Master AIF (2)	The name of the master AIF of the feeder AIF. Field is mandatory if the AIF has become a feeder AIF - this field is -mandatory if changing AIF Legal Name				
Domicile of the Master AIF (2)	The name of the Country where the Master AIF is domiciled – required if the stated AIF has become a feeder AIF				
Master AIF Primary Statutory Authority (2)	Primary statutory authority of the master AIF, if the AIF is a feeder AIF - required if the stated AIF has become a feeder AIF				
Legal Name of the AIFM of the Master AIF (2)	The name of the AIFM of the master AIF - required if the stated AIF has become a feeder AIF				
Domicile of the AIFM of the Master AIF (2)	The name of the country where the AIFM of the master AIF is domiciled. – required if the stated AIF has become a feeder AIF				

<b>Primary Safekeeping Entity</b> <i>You can add up to two</i>	
<b>Information Required</b>	<b>Description</b>
Action – Add, Remove (2)	Select relevant action to Add or Remove entity - this is a mandatory when adding or removing Primary Safekeeping Entity
Name (2)	Identity of the entity performing safekeeping functions. Swift name is recommended - this is a mandatory when adding or removing Primary Safekeeping Entity
FRN (2)	FRN issued by FCA if this is available
Domicile (2)	Name of the country where the entity performing safekeeping functions is domiciled.

<b>Primary Cash Monitoring Entity</b> <i>You can add up to two</i>	
<b>Information Required</b>	<b>Description</b>
Action – Add, Remove (2)	Select relevant action to Add or Remove entity - this is a mandatory when adding or removing Primary Cash Monitoring Entity
Name (2)	Identity of the entity performing safekeeping functions. Swift name is recommended - this is a mandatory when adding or removing Primary Cash Monitoring Entity
FRN (2)	FRN issued by FCA if this is applicable
Domicile (2)	Name of the country where the entity performing cashing monitoring functions is domiciled.

<b>Overseeing Entity</b> <i>You can add up to two</i>	
<b>Information Required</b>	<b>Description</b>
Action – Add, Remove (2)	Select relevant action to Add or Remove entity - this is a mandatory when adding or removing Overseeing Entity
Name (2)	Identity of the entity performing safekeeping functions. Swift name is recommended - this is a mandatory when adding or removing Overseeing Entity

FRN (2)	FRN issued by FCA if this is available
Domicile (2)	Name of the country where the entity performing oversight functions is domiciled.

### Section 3: Cease Marketing or Transfer Management

Information Required	Description
Legal AIF Name (2)	The full legal name of the AIFM as given in its incorporating documents or as modified thereafter
Product Reference Number (PRN) (2)	The Product Reference Number for the AIF issued by the FCA
Cease Marketing or Transfer Management (2)	Indicate the type of change you are making.
Date of Cease Marketing or Transfer Management (2)	Date that the change will take place.

### 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 understand it is a criminal offence 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.

<b>Declaration</b>	
<b>Information Required</b>	<b>Description</b>
Signature (1)	Provide an electronic signature in the space provided. Note: If you are using a handwritten signature and attaching a scanned form to your email you will also need to include a word version of the completed form.
Name (1)	Provide the name of the individual that is submitting the form and has signed the declaration.
Position (1)	Job title of the individual that is submitting the form and has signed the declaration.
Date (1)	Date on which the form was signed.