

## Checklist for Asia Region Funds Passport (ARFP) CIS Application Form

Name of ARFP Passport Fund: \_\_\_\_\_

Name of CIS Operator: \_\_\_\_\_

Home Economy: \_\_\_\_\_

- 1. Form 69 – CIS full (*completed by CIS Operator*)
- 2. Evidence demonstrating that ARFP Passport Fund is legally established under the law of Home Regulator’s jurisdiction  
(*issued by Home Regulator*)
- 3. Evidence on the appointment of a securities company to perform duty as local intermediary in Thailand  
(*issued by CIS Operator*)
- 4. Evidence on the appointment of a local representative in Thailand as the agent of CIS Operator  
(*issued by CIS Operator*)
- 5. Evidence on the appointment of an authorised person of CIS Operator  
(*issued by CIS Operator*)
- 6. Master fund’s prospectus and fact sheet/ product highlight sheet  
(required only for an application of a feeder fund)
- 7. A fee of THB100,000 (VAT exclusive) payable in the form of:
  - Bank draft / Corporate cheque / Cash
  - Receipt of money transfer
- 8. Other supporting documents (*please specify*)  
\_\_\_\_\_

Please print this checklist and include it as part of the package of this form

## Asia Region Funds Passport (ARFP) CIS Application Form

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**To: Secretary-General  
Securities and Exchange Commission, Thailand**

**Re: Application to offer ARFP Passport Fund publicly in Thailand**

I/We \_\_\_\_\_ as an operator of  
(name of the CIS Operator of the ARFP Passport Fund)

\_\_\_\_\_ hereby notify the Securities and  
(name of the ARFP Passport Fund)

Exchange Commission, Thailand of our intention to offer the ARFP Passport Fund to the public in Thailand. In this regard, I/we have completed the application form and enclosed all relevant documents in support of this application.

### Part A: ARFP Passport Fund Information

1) Name of ARFP Passport Fund: \_\_\_\_\_

Class (if applicable): \_\_\_\_\_

2) Home Economy: \_\_\_\_\_

3) Home Regulator: \_\_\_\_\_

4) Legal Character of ARFP Passport Fund: \_\_\_\_\_

5) Type of ARFP Passport Fund: (more than one answer is possible)

Equity Fund                       Fixed Income Fund     Multi-Asset Strategy Fund

Money Market Fund               Feeder Fund               Fund of Funds

Exchange-Traded Fund           Index Fund               Capital-Guaranteed Fund

Any other type, please specify \_\_\_\_\_

6) Is the ARFP Passport Fund a sub-fund of a Regulated CIS?

Yes                       No

If "Yes", please state the name of the Regulated CIS

7) Please state on what date the ARFP Passport Fund is registered with its Home Regulator

\_\_\_\_\_

8) Is the ARFP Passport Fund offered to the general public in the Home Economy?

Yes                       No

If “Yes”, please provide the following details:

a) AUM as at the latest practicable date: \_\_\_\_\_

b) The investment objective/policy of the fund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If “No”, please specify the expected date of such public offer:

\_\_\_\_\_

9) Are the requirements for the offers of the ARFP Passport Fund or CISs in Home Economy satisfied those stipulated in section 17 of the Passport Rules (Annex 3) of the Memorandum of Cooperation on the Establishment and Implementation of the Asia Region Funds Passport (“MOC”)? *(Please tick if your answer to question 8 is “No”.)*

Yes                       No

If “No”, please specify \_\_\_\_\_

\_\_\_\_\_

**Part B: Information on the CIS Operator of the ARFP Passport Fund**

10) Name of the CIS Operator: \_\_\_\_\_

11) Home Economy of the CIS Operator: \_\_\_\_\_

12) Home Regulator of the CIS Operator: \_\_\_\_\_

13) Address of principal place of business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Company’s website: \_\_\_\_\_

14) Details of contact person at the CIS Operator:

Name/Position (at least CEO or equivalent): \_\_\_\_\_

Email address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

15) Is the CIS Operator currently licensed/ authorised/ approved by its Home Regulator to conduct the activities as specified by section 56 of the Passport Rules (Annex 3) of the MOC?

Yes                       No

If “No”, please specify \_\_\_\_\_

\_\_\_\_\_

16) Number of years the CIS Operator has been responsible for the operation of financial asset CIS that are offered to the general public: \_\_\_\_\_

Total assets under management (latest available figures):

in Home Economy \_\_\_\_\_

offered cross-border \_\_\_\_\_

**Total** \_\_\_\_\_

As at (date) \_\_\_\_\_

**Part C: Distribution of ARFP Passport Fund and CIS Operator’s Local Representative**

**Arrangement for Distribution**

17) Units in the ARFP Passport Fund will be offered/ marketed in Thailand by the following intermediaries who are licensed or regulated by the SEC Thailand:

- Asset Management Company
- Licensed Bank/ Financial Institution
- Licensed Securities Company
- Licensed Institution/ Corporation/ Organisation (e.g. insurance company)
- Other bodies (Please provide details: \_\_\_\_\_)

Please specify the name and address of the intermediary (please use an enclosure if there is more than one intermediary):

Name: \_\_\_\_\_

Address of registered office: \_\_\_\_\_

\_\_\_\_\_

Details of distributor's contact person:

Name/Position (at least CEO or equivalent): \_\_\_\_\_

Email address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

In case the ARFP Passport Fund is to be listed on the Stock Exchange of Thailand (SET) or any other organised and regulated exchange in Thailand, e.g. an ETF), please state the names of market maker and participating dealer of ETF in the fields provided above.

**Representative**

18) Name of proposed representative in Thailand:

\_\_\_\_\_

19) Is such representative regulated by or acceptable to the SEC Thailand?

Yes       No

Address of registered office:

\_\_\_\_\_  
\_\_\_\_\_

20) Details of contact person:

Name/Position (at least CEO or equivalent): \_\_\_\_\_

Email address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

21) Details of where and how unit prices will be published:

\_\_\_\_\_  
\_\_\_\_\_

**Part D: Custody of Passport Fund Assets**

22) Name of Custodian:

\_\_\_\_\_

Address of registered office:

\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Part E: Independent Oversight Entity of the Passport Fund (Trustee/ Fund Supervisor)**

- Same as Custody  No [if “No”, please provide further information below]

23) Name of Independent Oversight Entity:

\_\_\_\_\_

Address of registered office:

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Part F: Annual Implementation Reviewer**

- Same as Independent Oversight Entity  No [if “No”, please provide further information below]

24) Name of the Implementation Reviewer:

\_\_\_\_\_

Address of registered office:

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Part G: Auditor of the Financial Statements of the Passport Fund**

25) Name of Auditor:

\_\_\_\_\_

Address of registered office:

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Part H: Delegation or Sub-delegation of Functions by CIS Operator**

26) Is any function of the CIS Operator delegated (or sub-delegated) to other entity(-ies)?

Yes       No

If “Yes”, please specify the function(s) delegated (or sub-delegated):

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27) Does the delegation (or sub-delegation) account for more than 20% of the value of the ARFP Passport Fund’s assets?

Yes       No

If “Yes”, please specify the name(s) and economy(-ies) of the delegated entity(-ies) and sub-delegated entity(-ies), if any. Please use an enclosure if there is more than one entity.

Name of a qualifying delegate and sub-delegate (if any):

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Economy(-ies) of a qualifying delegate and sub-delegate (if any):

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**Part I: Declaration**

I/We certify the following:

1. I/We am/are under supervision of Home Regulator which has the authority to impose sanctions or to order the CIS Operator of the ARFP Passport Fund to act or refrain from acting in case there is an action which may cause damages to the interest of members of the Passport Fund/ Regulated CIS (unitholders).

Yes       No

If “No”, please specify \_\_\_\_\_

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2. I/We am/are not currently being subject to any suspension or revocation order or action by Home Regulator regarding the license or business activities.

Yes       No

If “No”, please specify \_\_\_\_\_

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3. I/We have not had any record of violation of the laws or regulations of Home Economy in matters relating to the disclosure of material information to members of the Passport Fund/ Regulated CIS (unitholders) or Home Regulator, and have not failed to submit such material information to members of the Passport Fund/ Regulated CIS (unitholders) or Home Regulator.

Yes       No

If “No”, please specify \_\_\_\_\_

4. I/We affirm that the offering document/prospectus and the information of the ARFP Passport Fund will be disclosed and distributed without delay to members of the Passport Fund/ Regulated CIS (unitholders) in Thailand, and in case where the units of the ARFP Passport Fund is offered publicly in the Home Economy, such information will be disclosed and distributed to members of the Passport Fund/ Regulated CIS (unitholders) in Thailand within the same period as having the duty to disclose and distribute such information to members of the Passport Fund/ Regulated CIS (unitholders) in Home Economy.

Yes       No

If “No”, please specify \_\_\_\_\_

5. I/We affirm that the ARFP Passport Fund, as detailed in Part A of this application form, is completely in compliance with Annex 1: Host Economy Laws and Regulations, Annex 2: Common Regulatory Arrangements and Annex 3: Passport Rules as prescribed in Memorandum of Cooperation on the Establishment and Implementation of the Asia Region Funds Passport (“MOC”), and is under supervision of Home Regulator who is a signatory to the MOC.

Yes       No

If “No”, please specify \_\_\_\_\_

6. I/We affirm that if there is a performance fee to be paid by the ARFP Passport Fund to a CIS Operator or a delegate (and sub-delegate, if any) of the Operator, the basis for the fee to be paid must be in accordance with section 47 of the Passport Rules (Annex 3) of the MOC.

Yes       No

If “No”, please specify \_\_\_\_\_



7. I/We affirm that at all times I/we have officers with the relevant qualifications specified in section 6 of the Passport Rules (Annex 3) of the MOC, and meet the financial resources test and the organisational arrangements test stipulated in section 7 and section 8 of the Passport Rules (Annex 3) of the MOC, respectively.

Yes       No

If “No”, please specify \_\_\_\_\_  
\_\_\_\_\_

I/We have duly examined the information contained in this application form hereto and declare that to the best of our knowledge and belief all information given in this application form and the documents enclosed are true, accurate and complete. The text of each document is the same as that previously submitted to the Home Regulator, and is an accurate translation of that text (where applicable). In this regard, as evidence that each and every page of the documents is of the exact documents to which I/we have certified, I/we have also signed my/our initial or signature on each and every page of the documents and the amendments thereto. Accordingly, any document without my/our initial or signature shall not be regarded as the information to which I/we have certified.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ .

Signature: \_\_\_\_\_

\_\_\_\_\_  
(full name)

\_\_\_\_\_  
(company)

(\* The application form shall be signed either by the Operator of the ARFP Passport Fund or an authorised person of the CIS Operator of the ARFP Passport Fund. The person who signs shall state his/her full name and capacity, and shall ensure the declaration is dated.)