DECLARATION FOR A FULLY LICENSED AIFM

We, the undersigned, on behalf of *please indicate the full name of the Applicant AIFM here*, hereby apply for authorisation as Alternative Investment Fund Manager (AIFM) in accordance with Chapter 2 of the AIFM law.

We confirm that we have fully completed and truthfully answered all questions in the application worksheet and in the appendixes and that we will promptly notify the CSSF of any material changes to the organisation of our business on which this authorisation is based, and specifically any material changes to the information provided as part of this application.

Name:

Position:

Date:       Signature:

Name:

Position:

Date:       Signature: