## NAME OF FORM: COVER SHEET

LINE ITEM	INSTRUCTIONS
Name of Reporting Entity	Select the registered name of your organization from the <b>drop down menu</b> . If you are a CIS, please select the relevant CIS fund name.
Type of Reporting Entity	Select from the drop down menu the registration category of your organization:  Broker-Dealer Investment Adviser Underwriter SRO CIS
Relevant Date of Report	Select from the <b>drop down menu</b> the relevant reporting period.
Name of Senior Officer Reporting	State the name (First Name, Last Name) of the Designated Person as identified under By-Law 17(1) of the Securities (General) By-Laws, 2015.
Date Report Made	State the date in which the report was submitted to the Commission (dd/mm/yyyy).
Number of Clients	State the number of clients of the Reporting Entity. This includes all entities that are recipients of services provided by the registrant including CISs and Pension Funds.
Group Affiliation	<ul> <li>Where a Reporting Entity is part of a Group, select from the drop down menu the type of group to which it belongs. The following options are available:</li> <li>Bank Group – Select when the reporting entity is a parent of a group or subsidiary of a group or affiliated with a group, that includes a company that is licenced under the FIA as a commercial bank.</li> <li>Financial Group – Select when the reporting entity is a parent of a group or subsidiary of a group or affiliated with a group, that includes a company licenced as a registrant pursuant to the Securities Act 2012, a non-bank financial institution under the FIA, or an insurance company licenced under the Insurance Act, but does <u>not</u> include a company licenced under the FIA as a Bank.</li> <li>Conglomerate – Select where the reporting entity is a parent of a group or subsidiary of a group or affiliated with a group that includes companies which have licences under the FIA or registrations under the SA 2012 and which operate outside of the financial sector.</li> <li>Independent – Select when the reporting entity is not a parent or subsidiary of or affiliated with any group listed above.</li> </ul>

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Exchange Rate USD	State the exchange rate used in the completion of the form(s) to four (4) decimal places.
Name of CIS	Where the Reporting Entity is a CIS, state the name of the CIS.
Name of CIS Manager	Where the Reporting Entity is a CIS, state the name of the name of the CIS Manager who is responsible for the investment management/day to day operations of the CIS.
Reporting Currency	Where the Reporting Entity is a CIS, state the reporting currency of the CIS.
NAV Type	Select from the drop down menu the relevant NAV Type as follows:  Fixed Floating Not Applicable
Name of CIS Trustee, where applicable	Please state the name of the CIS Trustee
Category of CIS	<ul> <li>Select from the <u>drop down menu</u> the relevant CIS Type as follows:</li> <li>Fixed Income – A CIS with an investment strategy of not less than seventy percent of its portfolio of assets in bonds, debentures, notes or similar instruments representing indebtedness, whether secured or unsecured, that have an original tenor of more than one year.</li> <li>Equity – A CIS with an investment strategy of not less than eighty percent of its portfolio of assets in equity securities.</li> <li>Balanced – A CIS with an investment strategy to invest in a balanced mix of securities.</li> <li>Alternative – A CIS with an investment strategy to invest in non-traditional securities which does not include equities, bonds and short term instruments.</li> <li>Other – A CIS whose investment strategy does not fall into any of the categories listed above.</li> </ul>