FORM 25

AUTHORISATION FORM FOR COLLECTIVE INVESTMENT SCHEMES

Pursuant to Bye-law 9, 10 and Bye-law 12(1) of the Securities (Collective Investment Schemes) Bye-laws, 2023

| | , |
|--------------------------|---|
| General Instructions: | This form is required to be completed in support of applications for authorisation of Collective Investment Schemes ("CIS"). The Form must be completed by the Sponsor of the CIS. |
| | Please complete all relevant sections; where the allocated space is insufficient, you may continue on a separate page and attach to the completed form. All supporting information and attached pages should be appropriately numbered and referenced. |
| | This form and any attachments should be certified by the Chief Executive Officer and two directors of the Sponsor of the CIS. Where the Chief Executive Officer is unavailable to sign the form, the form should be signed by any other duly authorised senior officer whose proof of authorisation must be submitted with this form. |
| Item 1 | Mark "x" in the relevant checkbox to indicate whether this is an initial application for authorisation of the CIS under Bye-law 9 or an application for renewal of the authorisation of an existing CIS. |
| Item 2 | State the exact name of the CIS as specified in its constituting or organisational documents. |
| Item 3 | State the name of the Sponsor of the CIS and provide contact information for the Sponsor. |
| Item 4 | Mark "x" in the relevant checkboxes to describe the CIS's form of incorporation or organisation, its jurisdiction of incorporation or organisation, and whether the CIS is open-ended or closed-ended. Where the CIS is "closed-end" state in the space provided: |
| | the number of units to be offered by the CIS; the aggregate amount of funds that the CIS is seeking to raise; and whether the CIS will be listed for trading on a securities exchange. If so, please specify the securities exchange(s) on which the CIS is intended to be listed. |
| | Please also mark "x" in the relevant checkbox to indicate whether the CIS is a standalone fund, an umbrella fund or part of an umbrella fund. Where the CIS is not a stand-alone fund, describe in the space provided the structure of the CIS. |
| | State in the table provided the details of the securities issued by the CIS including classes of units (where applicable) that are being offered for sale as well as those classes (such as management units) that are not being offered for sale. For each CIS or class of units, please also state (where applicable): |

| | the financial year end of the CIS. Where this form is being filed: pursuant to an initial application for authorisation, state only the day and month of the CIS's financial year end; and to renew the authorisation of the CIS, state the most recently completed financial year end of the CIS (day, month and year); and the reporting currency of the CIS; and the CIS's investment objective. |
|--------|---|
| | Insert additional rows if needed. |
| Item 5 | State the date of incorporation or organisation of the CIS. Where the CIS is not yet formally constituted or organised, state the date on which it is expected that the CIS will be formally constituted. |
| Item 6 | This item identifies other applications, supporting documents and fees that should accompany an application for authorisation of a CIS or an application for the renewal of authorisation of a CIS. Mark "x" in the relevant boxes to indicate whether the application, document, or fee identified has been submitted. Where the application, document, or fee is not required, mark "Not Applicable" or "N/A". |
| | Item vi (Key Facts Statement) is required for both initial applications and applications for renewal. Items vii (the CIS's Annual Report) and viii (Market Access Fees) are generally required only for applications for renewal of authorisation. Where the CIS has been in existence for more than a year prior to its application for authorisation, it will be required to submit an annual report with the application for authorisation. Further closed-end funds are required to submit market access fees with their initial application for authorisation. |
| Item 7 | State the name and provide contact information for the CIS's service providers. |
| | Mark "x" to confirm whether documentary evidence of each service provider's appointment has been filed with the Commission. Insert additional rows if needed. |
| Item 8 | State the name and provide contact information for the designated officers of the CIS's Responsible Person and CIS Manager. |
| | Mark "x" to confirm whether written documentation confirming the designated officers has been filed with the Commission. |
| Item 9 | Mark "x" in the checkbox if any of the functions to be provided to the CIS have been or will be outsourced to a third party(ies). |
| | If any functions have been or will be outsourced, please confirm what functions have been outsourced as well as the name and contact information of the third parties to whom the functions have been outsourced. Please also mark "x" in the relevant box to confirm that copies of the relevant agreements have been filed with the Commission. |
| | Insert additional rows if needed. |
| | |

| Item 10 | Where the CIS is a foreign CIS, state the name and provide contact information for CIS's Agent for Service of Process in Trinidad and Tobago. |
|---------|---|
| Item 11 | Provide the required details for the Board of Directors of the Sponsor. |
| | Include names, residential addresses, telephone numbers, email addresses, dates of appointment as members of the Sponsor's Board of Directors and their percentage shareholding, if any in the Sponsor. |
| Item 12 | Provide the information requested for any shareholder of the Sponsor who beneficially owns ten percent or more of the Sponsor's voting securities. |
| Item 13 | Please provide any additional information required to establish the CIS's qualification and suitability for authorisation. |
| Item 14 | Date the application. Include the signature of the Chief Executive Officer and two directors of the Sponsor of the CIS. Where the Chief Executive Officer is unavailable to sign the Form, the form should be signed by any other duly authorised senior officer whose proof of authorisation must be submitted with this form. |

FORM 25

AUTHORISATION FORM FOR COLLECTIVE INVESTMENT SCHEMES

Pursuant to Bye-law 9, 10 and Bye-law 12(1) of the Securities (Collective Investment Schemes) Bye-Laws, 2023

| 1. | TYPE OF SUBMISSION | | | | |
|----|--|----------------|------------------|----------------------|--|
| | Initial Authorisation | | | | |
| | Renewal of Authorisatio | n | | | |
| 2. | NAME OF CIS | | | | |
| | INSERT THE NAME(S | OF CIS BEI | NG AUTHORI | SED | |
| | | | | | |
| 3. | CIS SPONSOR INFORMA | ATION | | | |
| | Name of Sponsor | | | | |
| | Primary Business Address of Sponsor | | | | |
| | Work Phone (1-xxx- | | | Fax Number (1-xxx- | |
| | xxx-xxxx) | | | xxx-xxxx) | |
| | Website | | | Email Address | |
| 4. | COLLECTIVE INVESTM | ENT SCHEM | IE PROFILE | | |
| | | Form of | f Incorporation | or Organisation | |
| | Trust | | | | |
| | Corporation | | | | |
| | Other | | | | |
| | If "Other", please specif | y below: | | | |
| | | Jurisdiction | n of Incorporat | tion or Organisation | |
| | Local | | | | |
| | Foreign | | | | |
| | If "Foreign" above, plea a. Jurisdiction of in | | or organisation: | | |
| | b. Name and conta | ct information | for regulator in | country of domicile: | |

| | T | ype of Collect | tive l | Investment | Scheme | |
|--|----------|--------------------------|--------|-----------------------|---------------|-----------------------|
| Open-End | | | | | | |
| | | | | | | |
| | No | of Units bein Offered | g | | | |
| Closed-End | Agg | gregate value o | of | | | |
| | fun | ds being raise | d | | | |
| | CI | S to be Listed? | ? | | | |
| | | Um | brel | la Fund | | |
| Stand-alone fund | | | | | | |
| Umbrella fund | | | | | | |
| If Umbrella Fund is selec | eted abo | ove, please des | cribe | e the structu | re of the CIS | in the space below: |
| | | | | | | |
| | | | | sued by CIS | | 011 |
| Name of Class or Serie Units | s of | Currency | | Financial Year End | Inv | restment Objective |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 5. DATE OF INCORPOR | ATIO | N OR ORGAN | IISA | TION | | |
| Date of Incorporation (do | l/mmm | /yyyy) | | | | |
| 6. SUPPORTING APPLI | CATIO | NS AND DOO | CUM | IENTS | | |
| Confirm whether the foll | owing o | documents and | l/or a | applications | have been pr | repared and submitted |
| Application or Documen | | | | | | Submitted? |
| i. Application for r accordance with 83:02 | | | | | | |
| ii. Application for r 62(1) of the Secu | | | | dance with | Section | |
| iii. Prospectus Cove | ring the | Distribution of | of the | e CIS | | |
| iv. Constituent Docu | iments | | | | | |
| v. Initial Capital In | vestmei | nt | | | | |
| vi. Key Facts Staten | | | | | | |
| vii. Annual Report o | f the Cl | S (where appl | icabl | le) | | |
| viii. Market Access F | ees (wł | ere applicable | e) | | | |

| Service Provider | Name of I | Entity Address | | Teleph | one | Proof of Appointment Submitted? |
|--|---|--|--|---|---|---|
| Responsible Person | | | | | | |
| CIS Manager | | | | | | |
| Custodian | | | | | | |
| Auditor | | | | | | |
| Distributor(s) | | | | | | |
| Registrar | | | | | | |
| | | | | | | |
| | | | | | | |
| MANAGER Service Provider | | | | Contact Info | BLE PERSOI | |
| | | Name of Design Person | | | ormation for | Documentar evidence |
| | r | Name of Design | | Contact Info | ormation for | Documentar |
| Service Provider Responsible Per | r | Name of Design | | Contact Info | ormation for | Documentar evidence submitted? |
| Service Provider Responsible Per | r | Name of Design | | Contact Info | ormation for | Documentar evidence submitted? |
| Service Provider Responsible Per CIS Manager | r | Name of Design Person | | Contact Info | ormation for | Documentar evidence submitted? |
| Responsible Per CIS Manager OUTSOURCE Have any of the | r son ED FUNCTI | Name of Design Person ONS be provided to the | ated | Contact Info | ormation for | Documentar evidence submitted? |
| Responsible Per CIS Manager OUTSOURCE Have any of the outsourced to a t If any functions | ED FUNCT! functions to third party(ic) have been o | Name of Design Person ONS be provided to the | e CIS been | Contact Info Designated or will be hat functions I | Person have been out | Documentar evidence submitted? |
| Responsible Per CIS Manager OUTSOURCE Have any of the outsourced to a t If any functions the name and co | ED FUNCT! functions to third party(ic have been ontact inform | Name of Design Person ONS be provided to the es)? utsourced, please | e CIS been | or will be hat functions lyhom the function(s) | prmation for Person have been out | Documentar evidence submitted? |
| Responsible Per CIS Manager OUTSOURCE Have any of the outsourced to a t If any functions the name and co | ED FUNCT! functions to third party(ic have been ontact inform | Name of Design Person ONS be provided to the es)? utsourced, please eation of the third p | e CIS been confirm who confirm | or will be hat functions lyhom the function(s) | have been out | Documentar evidence submitted? |
| Responsible Per CIS Manager OUTSOURCE Have any of the outsourced to a t If any functions | ED FUNCT! functions to third party(ic have been ontact inform | Name of Design Person ONS be provided to the es)? utsourced, please eation of the third p | e CIS been confirm who confirm | or will be hat functions lyhom the function(s) | have been out | Documentar evidence submitted? |
| Responsible Per CIS Manager OUTSOURCE Have any of the outsourced to a t If any functions the name and co | ED FUNCT! functions to third party(ic have been ontact inform | Name of Design Person ONS be provided to the es)? utsourced, please eation of the third p | e CIS been confirm who confirm | or will be hat functions lyhom the function(s) | have been out | Documentar evidence submitted? □ sourced as wellen outsourced? evel Agreement □ |

10. ADDRESS OF APPLICANT FOR SERVICE OF PROCESS Applicable if the applicant is NOT incorporated, organised or domiciled in Trinidad and Tobago

| Local | | | |
|-------------|---|------------|--|
| Business | | | |
| Address | | | |
| Work Phone | | Fax | |
| (1-xxx-xxx- | | Number (1- | |
| xxxx) | | XXX-XXX- | |
| | | xxxx) | |
| Website | | Email | |
| | | Address | |
| | 1 | | |

11. BOARD OF DIRECTORS OF THE SPONSOR

| Name (First Name, Middle Name, Last Name) | Residential Address | Date of Appointment (dd/mm/yyyy) | Percentage of Shareholding (%) |
|---|---------------------|--|--------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Name of Security Holder | Address of Security Holder | Class, Number and | Nationality or Jurisdiction of | Nominee Name or Trustee |
|--|--|--|--|---|
| | | Percentage of Securities held in the Sponsor | Incorporation | Arrangement |
| | | in the Sponsor | | |
| | | | | |
| | | | | |
| | | | | |
| qualification ar | nd suitability for registrat | ion | • | 1 0 |
| qualification an | nd suitability for registrat | ion | •• | |
| | ad suitability for registrat | | | |
| I hereby certify the hereto are true and | CATION AND SIGNAT at the statements and info | URE ormation contained knowledge and be | I in this form and a | iny attachment in compliance |
| I hereby certify the hereto are true and with the provision misrepresentation. | CATION AND SIGNAT at the statements and info | URE ormation contained knowledge and be Act, Chapter 8 omission of info | I in this form and a clief and submitted 33:02. I understa | any attachment in compliance and that any |
| I hereby certify the hereto are true and with the provision misrepresentation. | CATION AND SIGNAT at the statements and infollored correct to the best of mytons of the Securities, falsification or materia | URE ormation contained knowledge and be Act, Chapter 8 omission of info | I in this form and a clief and submitted 33:02. I understa | in compliance and that any |

Date:

Date:

Date: