

to Appendix to Regulation 10/41 “Procedure for Issuing a Permit to Management of a Non-Public Investment Fund”

REFERENCE INFORMATION

About the Legal Entities Affiliated with the Party Having Acquired a Significant Participation in the Statutory Capital

1. Significant participant				
1) Name (name, surname) _____				
2) Name of the organization in which the party has acquired a significant participation _____				
2. Information about the affiliated legal entity/organization				
1) Name _____				
2) Location _____				
3) Date of registration _____ place _____ number _____ day/month/year				
3. Information about significant shareholders of the affiliated legal entity (<i>the Central Bank of Armenia may additionally request financial reports of the organizations specified in point 3(1)</i>)				
1) Legal entities holding 10 percent and more of voting shares:				
Name of the organization		Place/location		Amount of participation (in AMD)
				Size of participation (%)
2) Individuals holding 10 percent and more of voting shares:				

Name, surname, passport details		Place of residence		Amount of participation (in AMD)		Size of participation (%)

4. Information about the managers (chairman and members of the board, executive director and chief accountant) of the affiliated legal entity

Name, surname, passport details		Position		Years served in the organization (of which, in the position mentioned)

5. Other information

1) Does the affiliated legal entity have any outstanding liabilities that are 30 days or more overdue?

☐ Yes (please provide details)

☐ No

2) Does the party lack the grounds outlined in Article 55(1) of the Republic of Armenia Law “On the Securities Market” and the related regulatory acts adopted pursuant thereto?

☐ Yes

☐ No (please provide details)

3) Other information which you think is important

6. I assure that the information contained in this document is true and complete. I understand that any false presentation of documents or information shall lead to criminal and administrative liability as prescribed by law.

I agree to notify the Central Bank of Armenia of any change in the aforementioned information provided by me.

Name, surname of the authorized person of the management body of the entity responsible for managing a non-public fund

Signature:

Date:

day/month/year