

MARKET ACCESS FEES PAYMENT SCHEDULE FOR OPEN-ENDED COLLECTIVE INVESTMENT SCHEMES

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| <p>General Instructions:</p> | <p>Please complete all relevant sections; where the allocated space is insufficient, you may continue on a separate page and attach to the completed schedule. All supporting information and attached pages should be appropriately numbered and referenced. See detailed list of required attachments.</p> <p>Completed schedules should be submitted to:</p> <p align="center">The Director Disclosure Registration and Corporate Finance Trinidad and Tobago Securities and Exchange Commission Levels 22 – 23, Tower D, International Waterfront Centre, 1 Wrightson Road, Port of Spain, Trinidad and Tobago</p> |
| <p>Item 1</p> | <p>For local CIS, state the name of the organisation which manages the Collective Investment Scheme(s) (CIS(s)) for which Market Access Fees (MAFs) are due. For foreign CIS, state the name of the local agent of the CIS.</p> |
| <p>Item 2</p> | <p>For local CIS, please state the principal business address of the CIS Manager, the position, work number, mobile number and email address of the designated officer as well as the fax number and website of the organisation.</p> <p>For foreign CIS, please provide the contact information of the Local Agent.</p> |
| <p>Item 3</p> | <p>A. State the name of the CIS for which MAFs are due; B. State the financial year end for which MAFs are due. C. Identify the currency of the respective CIS; D. State the funds raised in the previous year for the respective CIS. For local CIS this will be the value of total subscriptions to CIS as per the CIS' Audited Financial Statements. For foreign CIS, this will be the value of total subscriptions that were raised in Trinidad and Tobago; E. State the line item and identify the page number of the respective Audited Financial Statement where the value identified at item D above can be found; F. Identify and state the source of the Exchange Rate (where applicable) used to convert respective foreign currency to TT currency; G. Calculate and state the TT equivalent of funds raised in previous year for the respective CIS; and H. Calculate and state the MAFs payable by multiplying the TT equivalent of funds raised in the previous year by 0.01%.</p> |
| <p>Item 4</p> | <p>Date the schedule. Include the name, position and signature of the person responsible for submitting MAF payments.</p> |

Required Attachments:

1. Financial Statement Certification (Form 11).
2. Audited Annual Comparative Financial Statements.
3. The relevant Market Access Fees.

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1. NAME OF CIS MANAGER OR LOCAL AGENT FOR DISTRIBUTION

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2. CONTACT INFORMATION

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| Principal Business Address | | | |
| Designated Officer | | Position | |
| Work No. | | Mobile No. | |
| Email Address | | Website | |

3. MARKET ACCESS FEES PAYABLE

| Name of CIS | Financial Year End | Currency | Funds raised in previous year (in fund's base currency) | Reference in Audited Financial Statement | Exchange Rate (where applicable) | TTS equivalent of funds raised in previous year | Market Access Fees Payable (0.01% of the value of funds raised) |
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4. DATE AND SIGNATURE

_____ **Print Name**

_____ **Position**

_____ **Signature**

_____ **Date**