

**Revocation of Unit Trust / Common Contractual Fund (“CCF”)**

July 2019

**Consultation Paper | CPX**

NB: Revocations are processed at the end of each month and all requirements must be met including all levies fully paid to proposed date of revocation. Incomplete applications will be held over to the next month. It is recommended that applications are made as early as possible in advance of the proposed date of revocation to ensure processing is completed prior to month end.

### Name of Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Accounting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Please confirm that the following are attached/confirmed by placing a tick, “yes”, “no” or “n/a”, as applicable in the first column of boxes

 **Please tick**

|  |  |  |
| --- | --- | --- |
| 1. | Original signed letter from the Management Company/Depositary seeking revocation of  |  |
|  | authorisation of the fund |  |
|  |  |  |
| 2. | Confirm that the aforementioned letter indicates the rationale for termination |  |
|  |  |  |
| 3. | (1) Confirm if the final repurchase of units in the fund was: |  |
|  | a) voluntary; or |  |
|  | b) compulsory |  |
|  | (2) If compulsory: |  |
|  | a) State Clause No. under which compulsory repurchase was effected \_\_\_\_\_\_\_\_\_\_\_ |  |
|  | b) A Director of the Management Company/Depositary must confirm that all procedures relating to the compulsory repurchase of units in the fund, as set out in the Trust Deed/Deed of Constitution have been complied with |  |
|  |  |  |
|  |  |  |
| 4. | A Director of the Management Company/Depositary must confirm that the distribution  |  |
|  | provisions on the termination/winding up of the fund were carried out in accordance with those set out in the Trust Deed/Deed of Constitution |  |
|  |  |  |
| 5. | (i) Confirm an original signed letter from the Depositary is attached confirming that  |  |
|  | the final disbursement of assets has taken place and is in order and that it is not aware of  |  |
|  | any outstanding claims or disputes with investors or creditors |  |
|  | and |  |
|   | Audited accounts to be submitted to the Central Bank showing a zero NAV  |  |
|  |  |  |
|  |  |  |
|  |
| 6. | The following must be completed in respect of paragraph 4, and also in respect of  |  |
|  | paragraph 3 (2) b) if the answer to paragraph 3 (1) b) is ‘yes’: |  |
|  | **Confirmed on behalf of the fund in respect of paragraph 3(2)b)[[1]](#footnote-1) and/or 4**  |  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | **Director of Management Company/Depositary Date** |  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | **Name of Signatory** |  |
|  |  |

**EMIR INFORMATION REQUIRED**

Regulation 648/2012 on OTC Derivatives, Central Counterparties and Trade Repositories (as amended)(“EMIR”) implements increased transparency in respect of derivatives by imposing, amongst other obligations, requirements concerning Reporting of all derivative contracts (including exchange traded derivatives) to Trade Repositories (“TRs”).

1. Is the  fund and sub-fund(s), if relevant, currently counterparty to any derivative contracts YES/NO

 (delete as appropriate)

1. Has the  fund and sub-fund(s), if relevant, successfully exited (terminated) outstanding trades with the relevant TR(s). YES/NO

 (delete as appropriate)

1. Provide LEI code for:

|  |  |
| --- | --- |
| **List name of fund and any sub-fund(s)** | **LEI code** |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | **Name (in Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | **Applicant Firm’s Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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1. Delete reference if not applicable [↑](#footnote-ref-1)