**Change to investment management company details**

**This document forms Annex 4 of AMF Instruction 2008-03**

(Please send in duplicate along with change of details form(s), except Forms B1, F2 and G3, for which the AMF will not acknowledge receipt.)

Name:

Position:

Company:

Address:

Postal code City:

Name of investment management company:

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Email address of person responsible for the application

within the investment management company: Telephone:

Name of AMF contact person:

Has this change already been discussed with the AMF?

**PROPOSED CHANGE(S):**

*Form category Type of change(s) proposed and/or carried out: Required form*

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| **A** | **Scope of activity** |  |
| Update to the core programme of activity or supplementary forms without an authorisation extension  Request to withdraw authorisation made at the initiative of the investment management company | FORM A1  FORM A2 |
|  | **Identification details** |  |
| **B** | Change in corporate name or contact details  Change to articles of association | FORM B1  FORM B2 |
|  | **Ownership structure** |  |
| **C** | Change in direct or indirect shareholders  Change in share capital  Addition of additional own funds or ancillary own funds capital  Equity interests/subsidiaries of the investment management company | FORM C1 FORM C2 FORM C3 FORM C4 |
| **D** | **Management** |  |
| Change of director as defined by Article 312-6 or Article 317-5 of the AMF General Regulation | FORM D1 |
| **E** | **Outsourcing of tasks or operational functions and delegation of management of collective investments** |  |
| Outsourcing of tasks or operational functions relating to the provision of the service of portfolio management for third parties (excluding outsourcing of portfolio management for third parties) or the exercise of other activities or delegation of administrative or accounting management of collective investments under French or foreign law  Delegation of financial management of collective investments or outsourcing of the service of portfolio management for third parties (change to the terms governing the delegation of management of collective investments under French or foreign law described in the investment management company’s programme of activity) | FORM E1  FORM E2 |
| **F** | **Human resources** |  |
| Change of financial managers or investment managers  Change in HR organisation | FORM F1 FORM F2 |
|  | **Organisation of internal control, compliance and risk management** |  |
| **G** | Change of compliance and internal control officer  Change of risk controller  Change of TRACFIN correspondent/reporting officer | FORM G1 FORM G2 FORM G3 |

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| **FORM** **A1** | **UPDATE TO THE CORE PROGRAMME OF ACTIVITY OR SUPPLEMENTARY FORMS WITHOUT AN AUTHORISATION EXTENSION** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Plannedeffective date:

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| **Change subject to prior AMF approval** |

**Required supporting documents:**

* Explanatory memo describing the nature of the planned activities and implementation procedures, notably strategy, human and technical resources and internal control arrangements
* An update to the relevant section of the programme of activity in the event of a substantive change
* Supplementary forms for authorised instruments, where applicable (if change not extension)
* In the event of a request to scale back an authorisation, a memo describing the reason for the request

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| **SUMMARY OF CHANGES AND LIST OF PLANNED NEW ACTIVITIES (information must be provided)** |

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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position**:** ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:...................................................................................... |

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| **FORM** **A2** | **REQUEST TO WITHDRAW AUTHORISATION MADE AT THE INITIATIVE OF THE INVESTMENT MANAGEMENT COMPANY** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Effective date:

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| **Change to be reported immediately to the AMF** |

**Required supporting documents:**

* Letter signed by a director describing the reason for the request and stipulating the affected authorisations in the event of a request for a partial withdrawal
* Minutes from the Annual General Meeting or decision by the sole partner
* K-bis certificate showing that the company has been delisted from the Trade and Companies Register or evidencing the changes to the company’s corporate purpose and name

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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... |

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| **FORM** **B1** | **CHANGE IN CORPORATE NAME OR CONTACT DETAILS** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Effective date:

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| **Change to be reported immediately to the AMF** |

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| **Change:** | **Required supporting documents:** |
|  | -Original copy of current K-bis certificate of incorporation  -Signedcurrent articles of association |
| Contact details | -Lease agreement  -Memo detailing separate status of offices (secure access, signage in place) |

Old corporate name:

New corporate name:

Old contact details:

- Company address

- Telephone or fax number,   
email and website address

New contact details:

- Company address

- Telephone or fax number,

email and website address

***The AMF will not acknowledge receipt of this form***

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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... |

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| **FORM** **B2** | **CHANGE TO ARTICLES OF ASSOCIATION** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Effective date:

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| **Change to be reported annually[[1]](#footnote-1) or at the request of the AMF** |

**Required supporting documents:**

- Signed amended articles of association

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| **Numbers and titles of amended articles (must be reported)** |
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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:......................................................................................... |

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| **FORM** **C1** | **CHANGE IN DIRECT OR INDIRECT SHAREHOLDERS**  **(if impact on the company's share capital, provide Form C2)** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Effective date:

Will this change entail a modification in the effective direct or indirect control of the investment management company?

Yes No

*Major shareholding changes requiring AMF authorisation prior to execution of the transaction: Acquisitions and disposals of shareholdings if the share of voting rights concerned by the transaction exceeds or falls below 10%, 20%, 33% or 50% or if the investment management company becomes or ceases to be a subsidiary (more than 50% of share capital held).*

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| **Change to be reported to the AMF**  ***Intragroup transactions (legal entities) must be reported immediately to the AMF*** |

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| **Change to be reported annually[[2]](#footnote-2) or at the request of the AMF**  ***Changes to the ownership structure without changes in major shareholdings*** |

**Required supporting documents:**

- Statement by the seller (direct/indirect) giving its address, disposal procedures and identification information on the new shareholders

- A current and dated organisation chart showing any natural person or legal entity holding 5% or more of the voting rights

- Shareholders’ agreement, if one exists

**Shareholding structure before the change Shareholding structure after the change**

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| **FORM** **C1** | **CHANGE IN DIRECT OR INDIRECT SHAREHOLDERS** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Effective date:

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| **Change requiring authorisation prior to execution of the transaction**  ***Changes to the ownership structure with change in major shareholdings*** |

**Required supporting documents:**

- Statement by the seller (direct/indirect) giving its address, disposal procedures and identification information on the new shareholders

- A current and dated organisation chart showing any natural person or legal entity holding 5% or more of the voting rights

- Shareholders’ agreement, if one exists

- The statement by capital providers (Annex 2.1 of Instruction 2008-03) for shareholders acquiring or increasing their shareholding directly or indirectly above 10%, 20%, 33% or 50% of the voting rights, or in the event that the investment management company becomes a subsidiary

- Standard letter to be sent to the Chairman of the AMF by capital providers (see template in Annex 2.2 of Instruction 2008-03)

- A memo describing the impact of the transaction on organisation, financial strategy, management and short- and medium-term investment management

In the event of a change in effective direct or indirect control, the investment management company must send:

- An update of some or all of the programme of activity taking into account the modifications resulting from the change in control

**Shareholding structure before the change Shareholding structure after the change**

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| **REASON FOR THE TRANSACTION (MUST BE REPORTED)** |

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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:......................................................................................... |

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| **FORM** **C2** | **CHANGE IN SHARE CAPITAL** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Effective date:

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| **Change to be reported immediately to the AMF** |

**Required supporting documents:**

□ Minutes of the meeting of the governing bodies that approved the decision to increase or reduce the share capital

□ Original copy of current K-bis certificate of incorporation and signed articles of association

□ Memo explaining the impact of the change on the company’s regulatory capital

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| **Share capital before the change** | **Share capital after the change** |
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| **REASON FOR THE TRANSACTION (MUST BE REPORTED)** |
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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:......................................................................................... |

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| **FORM** **C3** | **ADDITION OF ADDITIONAL OWN FUNDS OR ANCILLARY OWN FUNDS CAPITAL** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Effective date:

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| **Change to be reported immediately to the AMF** |

Addition of:

*(Tick the appropriate box or boxes)*

□ additional own funds capital □ancillary own funds capital

**Required supporting documents:**

**- The subordinated loan agreement (in compliance with the provisions of Position-Recommendation 2012-19)**

**- Information explaining the impact of the change on the company’s regulatory capital**

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| **REASON FOR THE TRANSACTION (MUST BE REPORTED)** |
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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:......................................................................................... |

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| **FORM** **C4** | **EQUITY INTERESTS/SUBSIDIARIES OF THE INVESTMENT MANAGEMENT COMPANY** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Date equity interest acquired:

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| **Change to be reported annually[[3]](#footnote-3) or at the request of the AMF** |

**Required supporting documents: % of capital held**

□ K-bis certificate of incorporation of the target company

□ Articles of association of the target company Before acquiring equity interest (if applicable) After acquiring equity interest

□ Information explaining the impact on the company’s regulatory capital

□ Supporting documentation for extension of management activity

**Name of target company**

**Activity(ies) of target company**

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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:......................................................................................... |

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| **FORM** **D1** | **CHANGE OF DIRECTOR**  **AS DEFINED BY ARTICLE 312-6 OR ARTICLE 317-5 OF THE AMF GENERAL REGULATION** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

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| **Change to be reported immediately to the AMF** |

**Required supporting documents**

□ CV of the appointee □ Original copy of current K-bis certificate of incorporation

□ Police clearance certificate of the appointee □ Current organisation chart

□ Minutes of the General Meeting that took formal note of the appointment □ CV of second director appointed to replace the sole

□ Director's disclosure and letter to the Chairman of the AMF director immediately

(templates in Annexes 3 and 3.1 of this instruction) □ Minutes of the meeting by the governing bodies or articles of association appointing the second director

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| Former director (where applicable) | New director (where applicable) |
| Last name and first name:  Position(s) at the  management company:  Departure date:  Reason for leaving: | Last name and first name:  Position(s) at the  management company:  Date of appointment:  Attendance:  *(% of working time*) |

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| **Comments (notably any potential conflicts of interest):** |
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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:......................................................................................... | |
| **FORM** **E1** | **Outsourcing of essential tasks or operational functions relating to the provision of the service of portfolio management for third parties (excluding outsourcing of portfolio management for third parties) or the exercise of other activities or delegation of administrative or accounting management of collective investments under French or foreign law** | |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Effective date:

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| **Change to be reported immediately to the AMF** |

**Required supporting documents:**

- Detailed organisation memorandum describing the scope of and reasons for outsourcing (or delegation), procedures for exchanging information and supervision procedures

- As applicable, an update to the programme of activity

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| **Summary of outsourcing or delegation agreements put in place and, in the event of authorisation under the AIFM Directive, the objective reasons underlying delegation (unless already described in the investment management company’s programme of activity):** |

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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:......................................................................................... |

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| **FORM** **E2** | **Delegation of financial management or outsourcing of the service of portfolio management for third parties (change to the terms governing the delegation of management of collective investments under French or foreign law described in the investment management company’s programme of activity)** |

(Complete in duplicate and submit along with the first page of this annex)

*This form should also be used for the delegation of risk management by management companies authorised under the AIFM Directive as regards their AIF management business.*

**Name of investment management company:**

Effective date:

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| **Change to be reported immediately to the AMF** |

**Required supporting documents:**

Agreement to delegate financial management

*As applicable:*

*-* Update to the programme of activity describing the scope of and reasons for delegation, delegated management strategies, procedures for exchanging information and supervision procedures

- Simplified technical memo if delegation involves a single or small number of collective investments, prospectus or, failing that, disclosure documents for investors in the affected collective investment.

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| **Comments and, in the event of authorisation under the AIFM Directive, the objective reasons underlying delegation (unless already described in the investment management company’s programme of activity)** |
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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:......................................................................................... |

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| **FORM** **F1** | **CHANGE OF FINANCIAL MANAGER (*if the investment management company has five or fewer managers*) OR INVESTMENT MANAGER (*if the investment management company has more than five managers)*** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

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| **Change to be reported immediately to the AMF** |

**Required supporting documents:**

- The CV(s) of the new manager(s) or investment manager(s)

- Current dated organisation chart

- Where applicable, and in the case of a group, the financial manager secondment agreement

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| Outgoing (where applicable) | Incoming (where applicable) | Composition of management team |
| Last name and first name:  Departure date:  Reason for departure  Is this employee being replaced?  □ Yes □ No  If yes, please give the provisional timetable for replacing this employee: | Last name and first name:  Date hired:  Is this a replacement hire?  □ Yes □ No  Attendance:  (*% of working time*) | Following these changes, how many managers does the investment management company have?  □ More than five  □ Fewer than five. Please give the exact number: |

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| **COMMENTS** |
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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:......................................................................................... |

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| **FORM** **F2** | **CHANGE IN HR ORGANISATION** |

(Complete in duplicate and submit along with the first page of this annex)

There are specific forms for changes involving directors, financial managers, risk controllers, compliance and internal control officers and Tracfin correspondent/reporting officers.

**Name of investment management company:**

Effective date**:**

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| **Change to be reported annually[[4]](#footnote-4) or at the request of the AMF** |

**Required supporting documents:**

- New organisation chart, dated and signed

- Standard secondment/assignment agreement (as applicable)

- Updated corresponding section of the programme of activity (as applicable)

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| **Summary of changes in HR organisation** |
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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:......................................................................................... |

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| **FORM** **G1** | **CHANGE OF COMPLIANCE AND INTERNAL CONTROL OFFICER** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Planned effective date (as applicable)**:**

Will the change entail outsourcing some or all control activities? □ Yes □ No

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| **Change to be reported immediately to the AMF** |

If no outsourcing, append the CV of the person in charge

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| Outgoing (where applicable) | Incoming (where applicable) |
| Last name and first name:  Reason for departure: | Last name and first name:  Other duties (where applicable):  Attendance:  (*% of working time*) |

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| **Change subject to prior AMF approval** |

Outsourcing (including within the group): CV of the person in charge

append Service delivery agreement

Provisional work schedule

**If outsourcing (outside the group), please provide the following information:**

Name of compliance and internal control officer:

Name of service provider:

Postal address of service provider in charge of controls:

Post code: .................................... City: .................................Country: ................................................

Tel.:.................................. Email:.......................Fax:......................................

Name of person in charge of operational control activities:

**Name of investment management company:**

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| **COMMENTS** |
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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:   * Opinion of the jury responsible for issuing professional licences (in the event of outsourcing outside the group) * Authorisation to operate temporarily (companies are asked to read Instruction 2006-09 on professional-licence exams for compliance and internal control officers; annex to be completed and returned to the AMF)   AMF file reference:......................................................................................... |

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| **FORM** **G2** | **CHANGE OF RISK CONTROLLER 1** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Effective date**:**

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| **Change to be reported immediately to the AMF** |

**Required supporting documents:**

- CV of the person in charge

- Updated work schedule (as applicable)

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| Outgoing | Incoming |
| Last name and first name:  Reason for departure: | Last name and first name:  Other duties (where applicable):  Attendance:  (*% of working time*) |

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| **COMMENTS**  **(particularly on the need to ensure the independence of the permanent risk control function)** |
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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... | **Reserved for AMF use**  Date: .........................................................................................................   * **We have no comments regarding  the information provided to us**   Signature:  AMF file reference:......................................................................................... |

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| **FORM** **G3** | **CHANGE OF TRACFIN CORRESPONDENT/REPORTING OFFICER** |

(Complete in duplicate and submit along with the first page of this annex)

**Name of investment management company:**

Effective date**:**

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| **Change to be reported annually or at the request of the AMF** |

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| Former correspondent | New correspondent |
| Last name and first name: | Last name and first name:  Other duties (where applicable): |

**The investment management company is responsible for reporting this information to Tracfin also.**

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| ***The AMF will not acknowledge receipt of this form*** |

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| **To be completed by the investment management company**  Date: .........................................................................................................  Signature of the company's legal representative or a specially authorised person:  Name: .........................................................................................................  Position: ............................................................................................... |

1. Annual disclosure: means on the anniversary of the investment management company’s authorisation. [↑](#footnote-ref-1)
2. Annual disclosure: means on the anniversary of the investment management company’s authorisation. [↑](#footnote-ref-2)
3. Annual disclosure: means on the anniversary of the investment management company’s authorisation. [↑](#footnote-ref-3)
4. Annual disclosure: means on the anniversary of the investment management company’s authorisation. [↑](#footnote-ref-4)