



Central Provident Fund Board

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Email address: investment@cpf.gov.sg Facsimile: 6229 3375

Returns to Confirm Continuing Compliance with Admission Criteria by FMCs

(This form may take you 10 minutes to complete.)

Quarter ended: _____

1. Name of Fund Management Company

2. Amount of funds managed in Singapore* as at end of the quarter:

| | Amount (\$ billion) |
|-------------------------|---------------------|
| Discretionary Funds | |
| Non-discretionary Funds | |
| Total | |

* For an FMC domiciled outside of Singapore, please indicate amount of funds managed by the company or its related entities in Singapore.

3. Names of 3 Qualifying Fund Managers

(i) _____

(ii) _____

(iii) _____

Note: If any name is different from that at the time of application for inclusion of the FMC under CPFIS, or since the last quarterly report, please state qualifications and employment history for the “new” Manager(s) using Form CPFIS/FMC/2.

I _____
(Name of CEO / Director or Singapore Registered Representative / Agent of FMC)

declare that all the information given in this form is true and correct.

Signature: _____

Date: _____