

**Application Form for Change of Service Provider**

Part 1

September 2023

**Instructions Paper**

**Consultation Paper | CPX**

**FORM COSP 1**

**REQUIREMENTS FOR CHANGE OF DEPOSITARY, ADMINISTRATOR, MANAGEMENT COMPANY OR AIFM IN THE CASE OF A Retail Investor AIF (TO BE SUBMITTED ON DATE OF NOTIFICATION)**

1. This form should be completed and submitted to the Central Bank at the time of notification of a change of service provider and should be accompanied by all relevant documentation outlined below. Review will not commence until a complete application is received.
2. NB: An incomplete form will be returned by the Central Bank.
3. Form COSP 2 should be submitted on the date of the proposed change together with relevant documentation (see Form COSP 2)
4. A revised prospectus/supplement must be filed with the Form COSP 2, which accurately reflects the relevant agreements and does not contain any amendments other than details of the new service provider and the fact of retirement/replacement of the retiring service provider. If the prospectus/supplement contains other amendments, it will not qualify as part of a filing process, i.e. the Central Bank will review the revised prospectus/supplement amendments in advance.
5. If the revised prospectus/supplement does not specifically refer to the change and its effective time and date, then the prospectus/supplement must be dated the first business day after the effective date.
6. The change of service provider must be noted prior to the effective time. Therefore, the agreements must be dated and noted by the Central Bank prior to the effective time.

# **Fund Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fund Accounting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Proposed time and date of transfer of activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name of outgoing service provider(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Name & address of new service provider(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please confirm the following are attached/confirmed by placing a tick or “n/a” as applicable in the column of boxes**

**Please Tick**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **All change of service providers:** | | | |  |  |  | |  | |  | | |  |  |
| (a) | In circumstances where the service provider is retiring: | | | |  |  |  | |  | |  | | |  |
| (i) | Letter from the existing service provider notifying the Central Bank of its retirement, | | | |  |  |  | |
|  | stating the effective time and date of its retirement and outlining the reasons for such retirement and confirm that this contains original signatures. | | | |  |  |  |
|  |  | | | |  |  |  |  | |
| (ii) | If the effective date and time have not been agreed as at the time of filing of this form, confirm: | | | |  |  |  | |  | |  | | |
|  | that the timing will coincide with that of the appointment of the new service provider; and | | | |  |  |  | |
|  | * that a letter from the existing service provider stating the effective time and date of | | | |  |  |  | |
|  | retirement and outlining the reasons for such retirement and that this will contain original signatures and will be filed with Form COSP 2. | | | |  |  |  | |  | |  | | |
| ***OR*** |  | | | |  |  |  | |  | |  | | |
| (b) | In circumstances where the fund is terminating the appointment of a service provider: | | | |  |  |  | |  | |  | | |
| (i) | Letter from the fund stating the effective time and date of the termination and | | | |  |  |  | |  | |  | | |
|  | outlining the reasons for the termination and confirm that this contains original signatures. | | | |  |  |  | |  | |  | | |
| (ii) | If the effective date and time have not been agreed as at the time of filing of this form, confirm: | | | |  |  |  | |  | |  | | |
|  | that the timing will coincide with that of the appointment of the new service provider; and | | | |  |  |  | |  | |  | | |
|  | that a letter from the fund stating the effective time and date of termination and outlining | | | |  |  |  | |  | |  | | |
|  | the reasons for such retirement and that this will contain original signatures and will be filed with Form COSP 2. | | | |  |  |  | |  | |  | | |
|  |  | | | |  |  |  | |  | |  | | |
| And | ***- In addition to (a) or (b) (as applicable):*** | | | |  |  |  | |  | |  | | |
| (c)(i) | Letter from the new service provider seeking approval of its appointment referring to the | | | |  |  |  | |  | |  | | |
|  | effective time and date of its appointment, which must coincide with the date and time of retirement of the outgoing party and confirm that this contains original signatures. | | | |  |  |  | |  | |  | | |
| (ii) | If the effective date and time have not been agreed as at the time of filing of this Form, confirm | | | |  |  |  |
|  | that the timing will coincide with that of the retirement of the outgoing service provider; | | | |  |  |  | |  | |  | | |
|  | and | | | |  |  |  |  | |  | |
|  | that a letter from the new service provider stating the effective time and date will be | | | |  |  |  | |  | |  | | |
|  | filed with Form COSP 2 | | | |  |  |  | |  | |  | | |
|  |  | | | |  |  |  | |  | |  | | |
| **2.** | **Fund Address:** | | | |  |  |  | |  | |  | | |
| (a) | Confirm that the address of the fund is not changing; or | | | |  |  |  | |  | |  | | |
| (b) | State the new address of the fund: | | | |  |  |  | |  | |  | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  | |  | |  | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  | |  | |  | | |
|  |  | | | |  |  |  | |  | |  | | |
| **3.** | **Fund Billing Address:** | | | |  |  |  | |  | |  | | |
| (a) | Confirm that the address to which correspondence regarding the regulatory fee is to be | | | |  |  |  | |  | |  | | |
|  | sent is not changing; or | | | |  |  |  | |  | |  | | |
| (b) | State the new address to which such correspondence should be sent: | | | |  |  |  | |  | |  | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  | |  | |  | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  | |  | |  | | |
|  |  | | | |  |  |  | |  | |  | | |
| **4.** | **Money Laundering Reporting Officer:** | | | |  |  |  | |  | |  | | |
| (a) | Confirm that the Money Laundering Reporting Officer is not changing; or | | | |  |  |  | |  | |  | | |
| (b) | State name, address and employer of new Money Laundering Reporting Officer: | | | |  |  |  | |  | |  | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  | |  | |  | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  | |  | |  | | |
|  |  | | | |  |  |  | |  | |  | | |
| **5.** | **Replacement of Depositary (Investment Company/ICAV):** | | | |  |  |  | |  | |  | | |
|  | The Central Bank requires that the procedures to be followed in relation to the replacement | | | |  |  |  | |  | |  | | |
|  | of a depositary must be approved by the board of the investment company. | | | |  |  |  |
|  |  | | | |  |  |  |
| **6.** | **Replacement of Depositary (Unit Trust/CCF):** | | | |  |  |  |
|  | The Central Bank requires that the procedures to be followed in relation to the replacement of | | | |  |  |  | |  | |  | | |
|  | a depositary must be approved by the board of the management company in the case of a unit trust or common contractual fund. | | | |  |  |  | |  | |  | | |
| **7.** | **Replacement of a Management Company (All Schemes):** | | | |  |  |  | |  | |  | | |
| (a) | (i) The Central Bank requires that the procedures to be followed in relation to the replacement | | | |  |  |  | |  | |  | | |
|  | of a management company must be approved by the board of the investment company or management company in the case of a unit trust or common contractual fund (UCITS only). | | | |  |  |  |
|  | (ii) The Central Bank requires that the procedures to be followed in relation to the replacement | | | |  |  |  | |  | |  | | |
|  | of a management company must be approved and documented by the Retail Investor AIF (Retail Investor AIFs only). | | | |  |  |  | |  | |  | | |
|  |  | | | |  |  |  | |  | |  | | |
| (b) | **Please note that if the current Management Company files returns on behalf of the scheme** | | | |  |  |  | |  | |  | | |
|  | **in a third party user capacity, the system administrator needs to re-assign the relevant returns to the new service provider on the Central Bank of Ireland Portal (can only be done after the effective time and date of the change of service provider).** | | | |  |  |  | |  | |  | | |
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| **8.** | **Replacement of an Administrator (All Schemes):** | | | |  |  |  | |  | |  | | |
| (a) | (i) The Central Bank requires that the procedures to be followed in relation to the replacement | | | |  |  |  | |  | |  | | |
|  | of an administrator must be approved by the board of the investment company or management company in the case of a unit trust or common contractual fund (UCITS only). | | | |  |  |  | |  | |  | | |
|  | (ii) The Central Bank requires that the procedures to be followed in relation to the replacement | | | |  |  |  | |  | |  | | |
|  | of an administrator must be approved and documented by the Retail Investor AIF (Retail Investor AIF only). | | | |  |  |  | |  | |  | | |
|  |  | | | |  |  |  | |  | |  | | |
| (b) | **Please note that if the current Administrator files returns on behalf of the fund in a delegate** | | | |  |  |  | |  | |  | | |
|  | **capacity, the system administrator needs to re-delegate the relevant returns to the new service provider on the Central Bank of Ireland Portal (can only be done after the effective time and date of the change of service provider).** | | | |  |  |  |  | |  | | |
|  |  | | | |  |  |  |  | |  | | |
| **9.** | **Replacement of an AIFM (Retail Investor AIF only):** | | | |  |  |  | |  | |  | | |  |  |
|  | The Central Bank requires that the procedures to be followed in relation to the replacement of the AIFM must be approved and documented by the Retail Investor AIF. | | | |  |  |  | |  | |  | | |  |  |
|  |  | | | |  |  |  | |  | |  | | |  |  |
| **10.** | **Management Company Fee:** | | | |  |  | **Yes/No** | | | | | | | | |
|  | Is the Management Company’s fee increasing i.e. above the maximum permitted in the | | | |  |  |  | |  | |  | | |  |  |
|  | prospectus/supplement? | | | |  |  |  | |  | |  | | |  |  |
|  | If yes, a director of the Management Company/scheme must confirm below that shareholder approval will be sought and confirm that if approval is obtained, shareholders will be given notification prior to implementation of the increase: | | | |  |  |  | |  | |  | | |  |  |
|  | Confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Signatory (Director of Fund/Management Company): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  | |  | |  | | |  |  |
|  | **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_ **Name (in print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Applicant Firm’s Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  |  |  | |  | |  | | |  |  |

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