

SEC FORM MFD-AF

**Application for Payment of Annual Fees**

# Mutual Fund Distributor

**For the Year** \_\_\_\_\_\_\_\_\_\_

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| --- |
| Name of Applicant: Certificate of Registration No.    TIN: |
| Applicant’s Principal Office Address: Tel. No.:  Fax No.:  Email address: |
| Name of Certified Investment Solicitor/s: Certificate of Registration # of CIS: |
| Contact Person: Designation: |
| Name of Investment Company Adviser: Address: |
| Name of Fund(s) Managed Distributed: |
| No. of Branch Office/s offering services as Location of Branch Office/s:  Mutual fund distributor: |
| Other services offered by the applicant. Please check applicable box/es:  Broker-Dealer in Securities Others(Please specify)  Broker –Dealer in Propriety Shares |

The above-named applicant hereby makes it application for payment of annual fees and hereby certifies that the information contained is true, correct, current, accurate and complete. Applicants are required to update all information in SEC Form MFD by submitting amendments whenever the information on file becomes inaccurate for any reason within seven (7) days of any change to the information being filed.

Reviewed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Signature/TIN of Printed Name/Signature/TIN of Company President

Associated Person/Compliance Officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_ exhibited to me his/her valid identity card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Series of 20\_\_\_\_.

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1. At least two (2) sets with cover sheet;
2. Endorsement letter (SEC FORM NELET-AF);
3. Copy of previous license or Confirmation of Payment (COP); and
4. Payment of fee: refer to existing SEC Schedule of Fees and Charges.