

## Regulatory Story

[Go to market news section](#)



**Company** CATCo Reinsurance Opps Fund Ltd  
**TIDM** CAT  
**Headline** Holding(s) in Company  
**Released** 07:00 20-Dec-2011  
**Number** 2877U07

RNS Number : 2877U  
 CATCo Reinsurance Opps Fund Ltd  
 19 December 2011

TR-1: NOTIFICATION OF MAJOR INTEREST IN SHARES <sup>i</sup>	
<b>1. Identity of the issuer or the underlying issuer of existing shares to which voting rights are attached:</b> <sup>ii</sup>	CATCO Reinsurance Ord USD0.0001 (B4QDLR4)
<b>2 Reason for the notification</b> (please tick the appropriate box or boxes):	
An acquisition or disposal of voting rights	<input checked="" type="checkbox"/>
An acquisition or disposal of qualifying financial instruments which may result in the acquisition of shares already issued to which voting rights are attached	<input type="checkbox"/>
An acquisition or disposal of instruments with similar economic effect to qualifying financial instruments	<input type="checkbox"/>
An event changing the breakdown of voting rights	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
<b>3. Full name of person(s) subject to the notification obligation:</b> <sup>iii</sup>	Cazenove Capital Management Ltd
<b>4. Full name of shareholder(s)</b> (if different from 3.): <sup>iv</sup>	N/A
<b>5. Date of the transaction and date on which the threshold is crossed or reached:</b> <sup>v</sup>	16/12/11
<b>6. Date on which issuer notified:</b>	19/12/11
<b>7. Threshold(s) that is/are crossed or reached:</b> <sup>vi, vii</sup>	5%



8. Notified details:							
A: Voting rights attached to shares <sup>viii, ix</sup>							
Class/type of shares  if possible using the ISIN CODE	Situation previous to the triggering transaction		Resulting situation after the triggering transaction				
	Number of Shares	Number of Voting Rights	Number of shares	Number of voting rights		% of voting rights <sup>x</sup>	
			Direct	Direct <sup>xi</sup>	Indirect <sup>xii</sup>	Direct	Indirect
Ordinary  BMG1962E1066	0	0	20,562,676	0	20,562,676	0	6.20%

B: Qualifying Financial Instruments				
Resulting situation after the triggering transaction				
Type of financial instrument	Expiration date <sup>xiii</sup>	Exercise/ Conversion Period <sup>xiv</sup>	Number of voting rights that may be acquired if the instrument is exercised/ converted.	% of voting rights
N/A	N/A	N/A	N/A	N/A

C: Financial Instruments with similar economic effect to Qualifying Financial Instruments <sup>xv, xvi</sup>						
Resulting situation after the triggering transaction						
Type of financial instrument	Exercise price	Expiration date <sup>xvii</sup>	Exercise/ Conversion period <sup>xviii</sup>	Number of voting rights instrument refers to	% of voting rights <sup>xix, xx</sup>	
					Nominal	Delta
CFD	N/A	N/A	N/A	N/A	N/A	N/A

Total (A+B+C)	
Number of voting rights	Percentage of voting rights
20,562,676	6.20%



<b>9. Chain of controlled undertakings through which the voting rights and/or the financial instruments are effectively held, if applicable: <sup>xxi</sup></b>	
N/A	

<b>Proxy Voting:</b>	
<b>10. Name of the proxy holder:</b>	N/A
<b>11. Number of voting rights proxy holder will cease to hold:</b>	N/A
<b>12. Date on which proxy holder will cease to hold voting rights:</b>	N/A

<b>13. Additional information:</b>	N/A
<b>14. Contact name:</b>	N/A
<b>15. Contact telephone number:</b>	N/A



**Note: Annex should only be submitted to the FSA not the issuer**

**Annex: Notification of major interests in share**

<b>A: Identity of the persons or legal entity subject to the notification obligation</b>	
<b>Full name</b> (including legal form of legal entities)	Cazenove Capital Management Limited
<b>Contact address</b> (registered office for legal entities)	12 Moorgate, London, EC2R 6DA
<b>Phone number &amp; email</b>	0203 479 0462
<b>Other useful information</b> (at least legal representative for legal persons)	Anthony O'Malley

<b>B: Identity of the notifier, if applicable</b>	
<b>Full name</b>	N/A
<b>Contact address</b>	N/A
<b>Phone number &amp; email</b>	N/A
<b>Other useful information</b> (e.g. functional relationship with the person or legal entity subject to the notification obligation)	N/A

<b>C: Additional information</b>

*For notes on how to complete form TR-1 please see the FSA website.*

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