

FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

Primary Business Name: NWI MANAGEMENT LP	CRD Number: 158366
Other-Than-Annual Amendment - All Sections	Rev. 10 / 2021
6 / 2 / 2026 4:18:56 PM	

WARNING: Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4.

Item 1 Identifying Information

Responses to this Item tell us who you are, where you are doing business, and how we can contact you. If you are filing an *umbrella registration*, the information in Item 1 should be provided for the *filing adviser* only. General Instruction 5 provides information to assist you with filing an *umbrella registration*.

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):
NWI MANAGEMENT LP

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.
NWI MANAGEMENT LP

List on [Section 1.B. of Schedule D](#) any additional names under which you conduct your advisory business.

(2) If you are using this Form ADV to register more than one investment adviser under an *umbrella registration*, check this box ☐

If you check this box, complete a Schedule R for each relying adviser.

C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.(1)), enter the new name and specify whether the name change is of
☐ your legal name or ☐ your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-74514**
(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number:
(3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

CIK Number
1103887

E. (1) If you have a number ("CRD Number") assigned by the *FINRA's CRD* system or by the IARD system, your *CRD* number: **158366**

If your firm does not have a *CRD* number, skip this Item 1.E. Do not provide the *CRD* number of one of your officers, employees, or affiliates.

(2) If you have additional *CRD* Numbers, your additional *CRD* numbers:
No Information Filed

F. Principal Office and Place of Business

(1) Address (do not use a P.O. Box):
Number and Street 1: 623 FIFTH AVENUE
City: NEW YORK State: New York
Number and Street 2: 23RD FLOOR
Country: United States ZIP+4/Postal Code: 10022

If this address is a private residence, check this box: ☐

List on [Section 1.F. of Schedule D](#) any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your offices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest twenty-five offices in terms of numbers of employees as of the end of your most recently completed fiscal year.

(2) Days of week that you normally conduct business at your principal office and place of business:
☒ Monday - Friday ☐ Other:

Normal

the end of your most recently completed fiscal year?

0

G.

Mailing address, if different from your *principal office and place of business* address:

Number and Street 1:

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

H.

If you are a sole proprietor, state your full residence address, if different from your *principal office and place of business* address in Item 1.F.:

Number and Street 1:

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

Yes

No

I.

Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?

☐

☒

If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on [Section 1.I. of Schedule D](#). If a website address serves as a portal through which to access other information you have published on the web, you may list the portal without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses of websites or accounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (e-mail) addresses of employees or the addresses of employee accounts on publicly available social media platforms.

J.

Chief Compliance Officer

(1) Provide the name and contact information of your Chief Compliance Officer. If you are an *exempt reporting adviser*, you must provide the contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.

Name:

Telephone number:

Number and Street 1:

City:

State:

Other titles, if any:

Facsimile number, if any:

Number and Street 2:

Country:

ZIP+4/Postal Code:

Electronic mail (e-mail) address, if Chief Compliance Officer has one:

(2) If your Chief Compliance Officer is compensated or employed by any *person* other than you, a *related person* or an investment company registered under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the *person's* name and IRS Employer Identification Number (if any):

Name:

IRS Employer Identification Number:

K.

Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.

Name:

Telephone number:

Number and Street 1:

City:

State:

Titles:

Facsimile number, if any:

Number and Street 2:

Country:

ZIP+4/Postal Code:

Electronic mail (e-mail) address, if contact person has one:

Yes

No

L.

Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law, somewhere other than your *principal office and place of business*?

☒

☐

If "yes," complete [Section 1.L. of Schedule D](#).

Yes

No

M.

Are you registered with a *foreign financial regulatory authority*?

☒

☐

Answer "no" if you are not registered with a foreign financial regulatory authority, even if you have an affiliate that is registered with a foreign financial regulatory authority. If "yes," complete [Section 1.M. of Schedule D](#).

Yes

No

N.

Are you a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934?

☐

☒

Yes

No

O.

Did you have \$1 billion or more in assets on the last day of your most recent fiscal year?

If yes, what is the approximate amount of your assets:

☐ \$1 billion to less than \$10 billion

☐ \$10 billion to less than \$50 billion

☐ \$50 billion or more

For purposes of Item 1.O. only, "assets" refers to your total assets, rather than the assets you manage on behalf of clients. Determine your total assets using the total assets shown on the balance sheet for your most recent fiscal year end.

P. Provide your *Legal Entity Identifier* if you have one:
549300JES2JIL6B78J73

A *legal entity identifier* is a unique number that companies use to identify each other in the financial marketplace. You may not have a *legal entity identifier*.

SECTION 1.B. Other Business Names

No Information Filed

SECTION 1.F. Other Offices

No Information Filed

SECTION 1.I. Website Addresses

No Information Filed

SECTION 1.L. Location of Books and Records

Complete the following information for each location at which you keep your books and records, other than your *principal office and place of business*. You must complete a separate Schedule D, Section 1.L. for each location.

Name of entity where books and records are kept:
CIBC CARIBBEAN BANK AND TRUST COMPANY (CAYMAN) LIMITED

Number and Street 1: CIBC HOUSE		Number and Street 2: 25 MAIN STREET, P.O. BOX 694	
City: GRAND CAYMAN	State:	Country: Cayman Islands	ZIP+4/Postal Code: KY1-1107

If this address is a private residence, check this box: ☐

Telephone Number: 345-914-9402	Facsimile number, if any: 345-945-2639
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This is (check one):

☐ one of your branch offices or affiliates.

☒ a third-party unaffiliated recordkeeper.

☐ other.

Briefly describe the books and records kept at this location.
CIBC SERVES AS ADMINISTRATOR FOR CERTAIN PRIVATE FUNDS AND MAINTAINS THE FUNDS' BOOKS AND RECORDS.

Name of entity where books and records are kept:
RFA

Number and Street 1: 50 INNERBELT ROAD		Number and Street 2:	
City: SOMERVILLE	State: Massachusetts	Country: United States	ZIP+4/Postal Code: 02143

If this address is a private residence, check this box: ☐

Telephone Number: 212 867 4600
Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
RFA IS AN OUTSOURCED IT PROVIDER AND WE UTILIZE THEIR PRIVATE CLOUD SERVICES, INCLUDING DATA CO-LOCATION AND DISASTER RECOVERY.

Name of entity where books and records are kept:
CITCO FUND SERVICES (CURACAO) B.V.

Number and Street 1: KAYA FLAMBOYAN 9, P.O. BOX 4774		Number and Street 2:	
City: WILLEMSTAD, CURAÇAO	State:	Country: Other	ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

Telephone Number: 599 9 732 2000
Facsimile number, if any:

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
CITCO SERVES AS ADMINISTRATOR FOR CERTAIN PRIVATE FUNDS AND MAINTAINS THE FUNDS' BOOKS AND RECORDS.

Name of entity where books and records are kept:
SS&C FUND SERVICES (CAYMAN) LTD.

Number and Street 1: 39 MARKET STREET, SUITE 3205		Number and Street 2:	
City: GRAND CAYMAN	State:	Country: Cayman Islands	ZIP+4/Postal Code: KY1-9003

If this address is a private residence, check this box: ☐

Telephone Number: 866-884-6403
Facsimile number, if any: 905-214-8195

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
SS&C SERVES AS ADMINISTRATOR FOR CERTAIN PRIVATE FUNDS AND MAINTAINS THE FUNDS' BOOKS AND RECORDS.

Name of entity where books and records are kept:
GLOBAL RELAY COMMUNICATIONS INC.

Number and Street 1:	Number and Street 2:
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286 MADISON AVENUE, 7TH FLOOR

City:	State:	Country:	ZIP+4/Postal Code:
NEW YORK	New York	United States	10017

If this address is a private residence, check this box: ☐

Telephone Number:	Facsimile number, if any:
866-484-6630	

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
GLOBAL RELAY PROVIDES ARCHIVING SERVICES FOR E-MAILS AND OTHER ELECTRONIC MESSAGING.

Name of entity where books and records are kept:
SS&C TECHNOLOGIES, INC.

Number and Street 1:	Number and Street 2:		
80 LAMBERTON ROAD			
City:	State:	Country:	ZIP+4/Postal Code:
WINDSOR	Connecticut	United States	06095

If this address is a private residence, check this box: ☐

Telephone Number:	Facsimile number, if any:
973-461-5676	905 214 8195

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
SS&C SERVES AS ADMINISTRATOR FOR CERTAIN PRIVATE FUNDS AND MAINTAINS THE FUNDS' BOOKS AND RECORDS.

Name of entity where books and records are kept:
COMPLIANCE SCIENCE, INC.

Number and Street 1:	Number and Street 2:		
136 MADISON AVENUE			
City:	State:	Country:	ZIP+4/Postal Code:
NEW YORK	New York	United States	10016

If this address is a private residence, check this box: ☐

Telephone Number:	Facsimile number, if any:
212-327-1533	

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
COMPLIANCE SCIENCE ARCHIVES CODE OF ETHICS RELATED RECORDS, INCLUDING PERSONAL TRADING ACCOUNT RECORDS AND STATEMENTS.

SECTION 1.M. Registration with Foreign

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If

