Consent to Transfer Information

I/We _____ [Name of Firm or Attorney-at-Law previously registered with CARA] hereby consent to the transfer of all information provided to the former Supervisory Authority (CILPA through CARA) to the new Supervisory Authority (LSC through LSSA) for the purpose of AML/CFT/CPF regulation and supervision pursuant to the Proceeds of Crime Act (2025 Revision) and the Anti-Money Laundering Regulations (2025 Revision).

Name of Signatory: _____

☐ Sole Practitioner

☐ Authorized Signatory for: _____ [Firm Name]

Position/Title (if applicable): _____

Signature: _____

Date: _____