

## **Legal Services Supervisory Authority**

Cayman Corporate Centre, 27 Hospital Road, Ground Floor PO Box 2496, KY1-1104, Grand Cayman, Cayman Islands

# FIRMS CONDUCTING RELEVANT FINANCIAL BUSINESS Notification of Change of Address

Pursuant to Section 55MA of the Anti-Money Laundering Regulations (2025 Revision), Designated Non-Financial Businesses and Professions (DNFBPs) conducting relevant financial business are required to notify the Legal Services Supervisory Authority (LSSA) of any change to the information submitted at the time of registration.

Notifications regarding change of name should be made no later than thirty (30) days after the change occurs.

#### **Submission Instructions**

Please complete this form and submit it to the LSSA Supervision Department at: <a href="mailto:supervision@caymanlssa.ky">supervision@caymanlssa.ky</a>.

Firm Name:	
Registration No:	
Previous Business Address:	
New Business Address:	
Effective Date of Change:	
Additional Information:	
(Please include any other information you believe is important for the LSSA to be aware of):	

#### **Declaration**

This section must be completed by the firm's Anti-Money Laundering Compliance Officer (AMLCO) or a Senior Executive with appropriate signing authority.

### I, hereby, declare that:

- 1. I am duly authorised to submit this notification on behalf of the firm;
- 2. The information provided in this form is true, accurate, and complete to the best of my knowledge and belief;
- 3. I understand the provision of false or misleading information to LSSA is in contravention of Regulation 550 of the AMLRs and may give rise to an administrative fine; and
- 4. I acknowledge the firm's ongoing obligation to immediately notify the LSSA in writing of any future changes to:
  - a. the name of the firm;
  - b. the address from which the firm carries on business;
  - c. the directors, senior officers or any persons holding a significant or controlling interest in the organization; and
  - d. the firm's risk profile.

Signature:	
Print Name:	
Date:	
Position:	
Contact Number:	