



## 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 Material Change**

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 material changes to the firm's business must be submitted no later than thirty (30) days after the change occurs.

This form captures changes in the firm's risk assessment, ownership and control and nature of business activities.

#### **Submission Instructions**

Please complete this form and submit with supporting documentation to the LSSA Supervision Department at [supervision@caymanlssa.ky](mailto:supervision@caymanlssa.ky).

#### **Firm Information**

|                  |  |
|------------------|--|
| Registration No: |  |
| Firm Name:       |  |

#### **Nature of the Material Change**

Please select all that apply and provide details below:

- ☐ Change in ownership structure
- ☐ Change in control (e.g., ultimate beneficial owners who own 10% or more)
- ☐ Change in risk profile or assessment
- ☐ Other (please specify): \_\_\_\_\_

**Description of the Change**

|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date of the Change:                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Detailed Description of the Change (include specifics such as names of new connected persons and their capacity, or new services offered): |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Rational for the Change:                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Supporting Documentation (if applicable):                                                                                                  | <ul style="list-style-type: none"><li><input type="checkbox"/> Organisational Structure</li><li><input type="checkbox"/> Updated Register of Directors &amp; Officers</li><li><input type="checkbox"/> Updated Register of Members/Shareholders</li><li><input type="checkbox"/> Board Resolutions</li><li><input type="checkbox"/> Updated Business Risk Assessment</li><li><input type="checkbox"/> Other (please specify):<br/>_____</li></ul> |

**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 a penalty; and



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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: |  |