Legal Services Supervisory Authority

FIRMS CONDUCTING RELEVANT FINANCIAL BUSINESS
APPLICATION FOR REGISTRATION

(September 2025)

IMPORTANT NOTES

Please complete and submit this form in accordance with sections 53A, 53AA and 55F of the Anti-Money Laundering Regulations (2025 Revision) ("AMLRs"), which mandate that firms of attorneys-at-law [1](including sole practitioners) must register with the Legal Services Supervisory Authority ("LSSA").

This form is intended to capture information pertaining to relevant financial business ("RFB") as defined in Schedule 6 of the Proceeds of Crime Act (2024 Revision) ("POCA"), that your firm engages in, intends to engage in, assists other persons in the planning or execution of, or otherwise act for or on behalf of such persons in RFB.

A senior representative of the firm, ideally the designated Anti Money Laundering Compliance Officer ("AMLCO") should complete this registration form.

DOCUMENTS REQUIRED WITH YOUR APPLICATION

Please ensure the following documents (where applicable) are enclosed with your completed registration form:

- Certificate of Incorporation
- Register of Directors & Officers
- Register of Members/ Shareholders
- Memorandum & Articles of Association
- Partnership Agreement
- Certification as a Recognised Body
- Operational Licence
- Business Structure/Organisational Chart
- Professional Indemnity Insurance

SUBMISSION INFORMATION

Complete all questions in the form. If a question is not applicable, please state N/A.

For assistance, contact us at supervision@caymanlssa.ky.

IMPORTANT REMINDER

Firms of attorneys-at-law that are currently conducting RFB must ensure they are registered with the LSSA. Failure to complete registration will constitute a breach of the AMLRs and may result in the imposition of an administrative fine.

[1] As per the AMLRs, firm of attorney at law means (i) a body corporate, association, partnership or limited liability partnership of attorneys who are admitted to practice law in the Islands; or (ii) an attorney admitted to practice law in the Islands who is in independent practice as a sole proprietor or who provides legal services to an employer other than the Government.

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SECTION A - GENERAL INFORMATION	
1. Firm/Sole Practitioner Name:	
2. Trading Name (if applicable):	
3. Legal Status:	◯ Sole Practitioner ◯ Company ◯ General Partnership ◯ Limited Liability Partnership ◯ Other
4. Date of Incorporation or Formation (if applicable – *dd/mm/yyyy*):	
5. Country of Incorporation or Formation:	
6. Company Number (if applicable):	
7. Principal Business Address:	
8. Postal Address (if different from principal business address):	
9. Registered Office (if different from principal business address):	
10. Business Telephone Number:	
11. Main Email Address:	
12. Website:	
13. Is the firm a 'Recognised Body'[2]?	◯ Yes ◯ No ◯ Not applicable
14. If you are a Sole Practitioner, do you hold practicing certificate?	◯ Yes ◯ No ◯ Not applicable
15. Does the firm hold an operational licence[3]?	◯ Yes ◯ No ◯ Not applicable

[2] In accordance with the Legal Practitioners (Incorporated Practice) Regulations (2006 Revision)
[3] In accordance with the Legal Practitioners Act (2022 Revision)

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16. Operational licence number (if applicable)	
17. Date firm commenced trading *(dd/mm/yyyy)*	
18. Which best describes your firm?	◯ Domestic Firm[4] ◯ International/Multi-Jurisdictional/Internationally affiliated Firm[5]
19. If you answered International/Multi-Jurisdictional/Internationally affiliated Firm, please confirm in which jurisdictions outside of the Cayman Islands your firm has a presence and/ or an established office.	
20. Total number of staff in affiliated firms operating under Cayman Islands law:	
21. Total number of full-time staff:	
22. Total number of fee earners:	
23. Please state the following relevant staff numbers as applicable:	

Sole Practioner:		Equity Partner[6]	
Senior Management (non-attorney):		Salaried Partner[7]	
Administrative[8]		Associate[9]	
Compliance		Other[10]	

24. Is the firm licensed or regulated by another regulator/licensing body?	

[4] meaning a law firm physically located in the Cayman Island and does not have an established office or a presence outside of the Cayman Islands.
[5] meaning a law firm physically located in the Cayman Islands and has an established office or a presence outside of the Cayman Islands.
[6] or equity participation in a Firm.
[7] or equivalent.
[8] Support staff such as secretaries or corporate administrators.
[9] i.e., any attorneys-at-law not in a previous category.
[10] any employee not covered by other categories.

25. What is the name and address of the applicable licensing body or regulator?	
26. Has the firm recently merged with, or taken over another law firm?	◯ Yes (please provide details) ◯ No

SECTION B: CONNECTED PERSONS[11]

1. Please provide details of all beneficial owners who directly or indirectly own or control 10% or more of the firm's interest[12]:

Name of Beneficial Owner(s)	% Ownership/ Control	Nature of Ownership (Direct or Indirect)	Number of Shares please include non-voting shares:	Nominal Value please state currency

[11] Connected persons are defined in the AMLRs and include manager, director, company secretary, senior executive, and beneficial owners with a direct or indirect interest of 10% or more.
[12] Unincorporated sole practitioners need only complete Section B2.

2. Provide details of managers, directors, company secretaries, senior executives, or other equivalent connected persons:

Full Name	Title	Date of Appointment (dd/mm/yyyy)

SECTION C: CONNECTED ENTITIES

1. If an affiliate (s) of the firm, such as a parent entity or subsidiary, is licensed, registered, or regulated in the Cayman Islands as a Financial Institution or Designated Non-Financial Business and Profession (e.g. trust and corporate service provider) for AML purposes, please state:

	Affiliate 1	Affiliate 2	Affiliate 3
Name of Affiliate:			
Relationship to Firm:			
Type of Licence or Registration Type:			
Name of the applicable Licensing/Supervisory Body:			

Business activity for which the Firm is registered or licensed to conduct:			
Date of Licensing/Registration (dd/mm/yyyy):			

If there are more than three affiliates, please provide their information here:

SECTION D: ANTI-MONEY LAUNDERING COMPLIANCE OFFICER

Firms are required to appoint an Anti-Money Laundering Compliance Officer (AMLCO) under Regulation 3(1) of the AMLRs.

1. Please provide details of the firm's AMLCO:

Full Name:	
Title:	
Direct Telephone Number:	
Email Address:	
Date Appointed (dd/mm/yyyy):	
Total years of experience in AML compliance:	

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SECTION E: MONEY LAUNDERING REPORTING OFFICER

Firms are required to appoint a Money Laundering Reporting Officer (MLRO) under Regulation 33 of the AMLRs.

1. Please provide details of the firm's MLRO:

Full Name:	
Title:	
Direct Telephone Number:	
Email Address:	
Date Appointed (dd/mm/yyyy):	
Total years of experience in AML compliance:	

2. Please provide details of the firm's Deputy MLRO (if applicable):

Full Name:	
Title:	
Direct Telephone Number:	
Email Address:	
Date Appointed (dd/mm/yyyy):	
Total years of experience in AML compliance:	

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SECTION F: BUSINESS ACTIVITIES

1. Does your firm offer or intend to offer services that are subject to the AMLRs[13]? ◯ Yes ◯ No (please use the non-RFB registration form)

2. Please indicate which services the firm provides or intends to provide (identify all that applies):

		Provides/Provided in the last two years	Intends to provide
a.	The sale, purchase or mortgage of land or interests in land on behalf of clients or customers		
b.	The managing of client money, securities, or other assests		
c.	The managing of bank, savings or securities accounts		
d.	The creation, operation or management of legal persons or arrangements and buying and selling of business entities		
e.	The organisation of contributions for the creation, operation, or management of companies		

3. Does your firm engage in any of the following incidental activities[14] on behalf of any person or entity? Please tick all that apply:

Type of Service	
Receiving or Paying Funds	
Accepting Deposits	
Holding Funds in Escrow/Client Account(s)	
Transferring Funds by other means (please explain below)	

Other Relevant Information (if applicable)

[13] Firms conducting relevant financial business are subject to the stipulations in the AMLRs. Relevant financial business is defined in Schedule 6 of the Proceeds of Crime Act.
[14] This does not include professional fees received or paid.

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4. Does your firm ever accept or handle cash?	◯ Yes	◯ No
5. Does your firm ever accept or handle virtual currency?	◯ Yes	◯ No
6. How many VASP clients does your firm have?		

7. Which of the following legal services does your firm offer (please tick all that apply):

Real Estate & Property		Private Equity & Venture Capital	
Corporate & Commercial		Trusts & Private Client	
Wills and Probate		Banking and Finance	
Insolvency and Restructuring		Blockchain & Fintech	
Investment Funds		Tax	
Shipping and Aviation		Other	

If Other was ticked, please provide further information:

PLEASE PROCEED TO PAGE 10 TO COMPLETE THE DECLARATION AND SIGN.

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SECTION G: DECLARATION

This section must be completed by the firm's AMLCO or Senior Executive.

In completing this registration form on behalf of the Applicant:

1. I confirm that the information in this form is true and correct, complete and accurate to the best of my knowledge and belief as at the time submitted.
2. I understand that the provision of false or misleading information to LSSA is in contravention of Regulation 550 of the AMLRs and may result in the imposition of an administrative fine.
3. I confirm that, if requested, the firm/practice is willing to submit or make available to LSSA, any further information, documents, and records in support of the answers given in this registration form.
4. The firm acknowledges the authority of LSSA to share information with other supervisory authorities as provided in the AMLRs.
5. I hereby confirm that I will notify you as soon as any information provided in this form changes.
6. I understand that the LSSA may carry out certain checks and require further information necessary to fulfil its obligations pursuant to the AMLRs.

Full name:	
Title:	
Direct number:	
Mobile number:	
Email address:	
Date signed (dd/mm/yyyy):	
Signature:	