FIRMS NOT 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 for sole practitioners or firms that **do not intend** to provide relevant financial business ("RFB") as defined in Schedule 6 of the Proceeds of Crime Act (2024 Revision) ("POCA").

If you or your firm intends to provide relevant financial business, please complete the *RFB Registration Form*, available on our website.

A senior representative of the firm should complete this registration form.

SUBMISSION INFORMATION

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

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

[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.

Legal Services Supervisory Authority

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)

Legal Services Supervisory Authority

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.

Legal Services Supervisory Authority

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: BUSINESS ACTIVITIES

1. Does your firm offer or intend to offer services that are subject to the AMLRs[11]? ◯ Yes (please use the RFB registration form) ◯ No

2. Please indicate whether you or your firm currently provide, or intend to provide within the next year, any of the following services (select all that apply):

☐ Sale, purchase, or mortgage of land or interests in land on behalf of clients or customers
☐ Management of client money, securities, or other assets
☐ Management of bank, savings, or securities accounts
☐ Organisation of contributions for the creation, operation, or management of companies
☐ Creation, operation, or management of legal persons or arrangements, and the buying or selling of business entities

3. Please specify the legal services you or your firm provides:

PLEASE PROCEED TO PAGE 5 TO COMPLETE THE DECLARATION AND SIGN.

[11] 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.

Legal Services Supervisory Authority

SECTION G: DECLARATION

This section must be completed by the firm's 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:	