



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 in Connected Person**

Pursuant to Regulations 55H and 55MA of the Anti-Money Laundering Regulations (2025 Revision) (“AMLRs”), firms of attorneys-at-law conducting relevant financial business are required to notify the Legal Services Supervisory Authority (“LSSA”) of any change to information submitted at the time of registration, including any change relating to a Connected Person.

For the purposes of the AMLRs, a Connected Person includes a director, manager, senior officer, ultimate beneficial owner (10% or more), trustee exercising ultimate effective control, and any other natural person who exercises ultimate effective control or significant influence over the firm. This includes appointments or changes to the Anti-Money Laundering Compliance Officer (“AMLCO”), Money Laundering Reporting Officer (“MLRO”), and Deputy Money Laundering Reporting Officer (“DMLRO”).

Appointments, resignations, removals, or changes in role of a Connected Person must be notified within thirty (30) days of the occurrence of the change.

Submission Instructions

Please complete this form and submit it together with the following documentation to the LSSA Supervision Department at supervision@caymanlssa.ky for newly appointed Connected Persons only:

1. Completed Fitness and Propriety Declaration Form
2. Certified copy of a valid government-issued identification document (e.g. passport or driver’s licence);
3. Proof of residential address (e.g. utility bill or bank statement issued within the last three months); and
4. Police clearance certificate issued no more than six months prior to submission.

The LSSA reserves the right to request updated or additional documentation in the case of a change in role or capacity where it considers it necessary.

The LSSA may request additional information relating to qualifications, experience, or training where an individual is appointed to an AML compliance function.

Part I - Firm Information

Registration No:	
Firm Name:	

Part II - Details of the Change

Nature of the Change:	<input type="checkbox"/> Appointment of a new Connected Person <input type="checkbox"/> Resignation/Removal of a Connected Person <input type="checkbox"/> Change in role/capacity of an existing Connected Person
Effective Date of Change:	
If this is a change in role or capacity, state the previous role and the new role:	

Part III - Details of Outgoing Connected Person (if applicable)

Full Name:	
Role or Capacity Held:	
Date Ceased:	
Reason for Ceasing:	

Part IV - Details of Appointed Connected Person

Full Name:	
Role/Capacity Held (tick all that apply):	<input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Senior Officer / Senior Executive <input type="checkbox"/> Ultimate Beneficial Owner (10% or more) <input type="checkbox"/> Trustee exercising ultimate effective control <input type="checkbox"/> AMLCO

	<input type="checkbox"/> MLRO <input type="checkbox"/> DMLRO <input type="checkbox"/> Other (specify): _____
Position/Title within the Firm:	
Date Role Commenced:	
Email:	
Contact Number:	

Part V - Declaration

This section must be completed by the firm’s 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. The firm has conducted appropriate due diligence in respect of the Connected Person;
4. 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
5. I acknowledge the firm’s ongoing obligation to immediately notify the LSSA in writing of any future changes to Connected Persons (including AMLCO, MLRO and DMLRO positions) within thirty (30) days of the occurrence of such change.

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

