Legal Services Supervisory Authority

STRIX AML

User Guide for Supervised Firms

Contact: surveysupport@caymanlssa.ky

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Glossary

Term	Definition
AML/CFT/CPF	Anti-Money Laundering (AML) / Countering the Financing of Terrorism (CFT) / Counter-Proliferation Financing (CPF).
AMLCO	Anti-Money Laundering Compliance Officer
AMLRs	Anti- Money Laundering Regulations (as revised)
Beneficial Owner	In the Cayman Islands, the definition of "Beneficial Owner" is set out in the Beneficial Ownership Transparency Act (2023, revised 2024). It refers to any natural person who ultimately owns or controls a legal entity, either directly or indirectly, or on whose behalf a transaction or activity is conducted.
BRA	Business Risk Assessment
CDD	Customer Due Diligence
DMLRO	Deputy Money Laundering Reporting Officer
EDD	Enhanced Due Diligence
Firm	This refers to all firms supervised by LSSA, including sole practitioners.
FRA	Financial Reporting Authority
High-Net Worth Individual (HNWI)	For the purposes of this survey, a *"high net worth individual"* is an individual whose net worth is at least $800,000 KYD or any person that has total assets of not less than $4,000,000 KYD.
LLP	Limited Liability Partnership
LSSA	Legal Services Supervisory Authority
MLRO	Money Laundering Reporting Officer
Non-Profit Organisations (NPOs)	NPOs under the Non-Profit Organisations Law (2020 Revision) are defined as a company or body of persons, whether incorporated or unincorporated, or a trust: (a) established or which identifies itself as established primarily for the promotion of charitable, philanthropic, religious, cultural, educational, social or fraternal purposes, or other activities or programmes for the public benefit or a section of the public within the Islands or elsewhere; and

	(b) which solicits contributions or raises funds from the public or a section of the public within the Islands or elsewhere.
Office of Foreign Assets Control (OFAC)	A US government agency responsible for administering and enforcing economic and trade sanctions based on national security and foreign policy objectives. In AML contexts, OFAC maintains sanctions lists that financial institutions must screen to prevent dealings with prohibited individuals, entities, or jurisdictions.
Politically Exposed Persons (PEPs)	PEPs are defined as: a) a person who is or has been entrusted with prominent public functions by a foreign country, for example, a Head of State or of government, senior politician, senior government, judicial or military official, senior executive of a state-owned corporation, and important political party official; (b) a person who is or has been entrusted domestically with prominent public functions, for example, a Head of State or of government, senior politician, senior government, judicial or military official, senior executives of a state-owned corporation and important political party official; and (c) a person who is or has been entrusted with a prominent function by an international organisation like a member of senior management, such as a director, a deputy director and a member of the board or equivalent functions.
Relevant Financial Business (RFB)	As defined in Schedule 6 of the Proceeds of Crime Act (2024 Revision).
Relevant Period	The reporting period covered by the survey.
SPV	Special Purpose Vehicle
Ultimate Beneficial Owner (UBO)	The Natural Person who ultimately owns or controls an entity and benefits from its activities, whether through direct or indirect ownership or other means of control.
Ultra-High-Net-Worth Individual (UHNWI)	For the purposes of this survey, *an "ultra-high net worth individual"* is an individual whose net worth is over $30,000,000 USD.

PART 1 – USING THE STRIX AML PLATFORM

1. About this User Guide

1.1. Purpose

This User Guide has been developed to assist firms supervised by the LSSA in accessing and using the Strix AML platform.

The LSSA has implemented the Strix AML platform to facilitate the distribution and completion of the AML/CFT/CPF Annual Survey and other data requests required for the discharge of its supervisory responsibilities under the AMLRs.

The Strix AML platform is a software solution developed by Financial Transparency Solutions GmbH, Austria, for use by regulatory authorities to automate AML/CFT/CPF risk assessments. The platform enables supervisors to collect data, assess risks, and calculate inherent and residual risks in accordance with FATF recommendations and guidance.

The platform incorporates appropriate security measures, including modern TLS protocols and encryption ciphers along with two-factor authentication, to protect user access and data transmission.

1.2. Structure of this Guide

This User Guide is divided into two parts:

- Part 1 provides instructions on accessing and using the Strix AML platform, including account activation and navigation of the system; and
- Part 2 provides guidance on completing the AML/CFT/CPF Annual Survey, including detailed instructions on the questions and required data.

This document may be updated periodically. Users should ensure they are referring to the latest published version.

For further assistance or technical issues, please contact the LSSA Data Team at surveysupport@caymanlssa.ky.

1.3. User Responsibilities

Users are responsible for ensuring that all information submitted through the Strix AML platform is complete, accurate, and reflective of the Supervised Firm's activities during the Relevant Period.

The individual submitting the survey must ensure that appropriate internal review has been conducted prior to submission.

2. Accessing Strix AML

2.1. System Requirements

The Strix AML platform requires the use of a secure, modern web browser and an up-to-date operating system that is actively maintained by the relevant provider.

Older browsers, including Internet Explorer and outdated versions of Firefox, may experience difficulties accessing surveys. Older operating systems, such as Microsoft Vista, have not been tested and may result in an unreliable or unpredictable user experience.

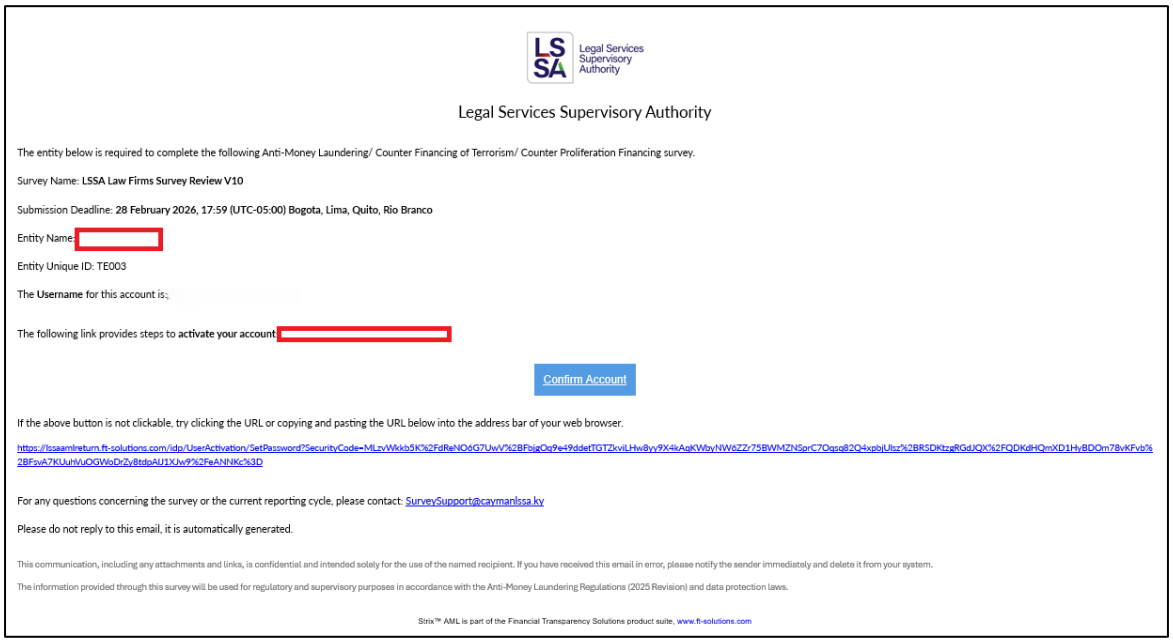
2.2. Account Activation

When the portal is live, new users will receive an email invitation from “LSSA Supervision” (donotreply@caymanlssa.ky) advising that a survey is available for completion. The invitation email will be sent to the AMLCO of the Supervised Firm based on LSSA records.

Users should follow the link provided in the invitation email to activate their account.

To activate your account:

i) Click the “Confirm Account” button in the invitation email. This will redirect you to the activation page in your default web browser.



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The entity below is required to complete the following Anti-Money Laundering/ Counter Financing of Terrorism/ Counter Proliferation Financing survey.

Survey Name: **LSSA Law Firms Survey Review V10**

Submission Deadline: **28 February 2026, 17:59 (UTC-05:00) Bogota, Lima, Quito, Rio Branco**

Entity Name:

Entity Unique ID: TE003

The **Username** for this account is:

The following link provides steps to **activate your account**:

Confirm Account

If the above button is not clickable, try clicking the URL or copying and pasting the URL below into the address bar of your web browser.

https://lssaamlreturn.ft-solutions.com/idp/UserActivation/SetPassword?SecurityCode=MLzvWkkb5K%2FdReNO6G7UwV%2BFbjgOq9e49ddetTGTZkviLHw8vy9X4kAqKWbyNW6ZZr75BWMZNSprC7Oqsq82Q4xpbjUlsz%2BR5DKtzgRGdJQX%2FQDKdHQmXD1HyBDOm78vKFvb%2BFsvA7KUuHVuOGWbDrZyBtdpAU1XJw9%2FeANNKc%3D

For any questions concerning the survey or the current reporting cycle, please contact: SurveySupport@caymanlssa.ky

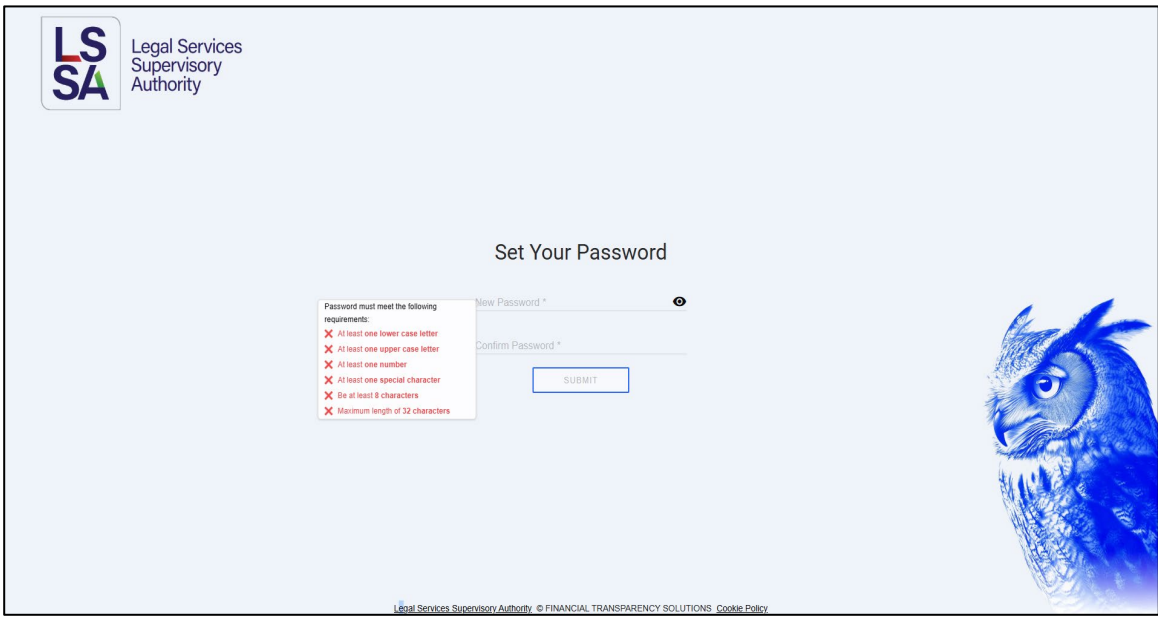
Please do not reply to this email, it is automatically generated.

This communication, including any attachments and links, is confidential and intended solely for the use of the named recipient. If you have received this email in error, please notify the sender immediately and delete it from your system.

The information provided through this survey will be used for regulatory and supervisory purposes in accordance with the Anti-Money Laundering Regulations (2025 Revision) and data protection laws.

Strix™ AML is part of the Financial Transparency Solutions product suite, www.ft-solutions.com

ii) Create a password. The password must be between 8 and 32 characters and include at least one uppercase letter, one lowercase letter, one number, and one special character.



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Set Your Password

Password must meet the following requirements:

- At least one lower case letter
- At least one upper case letter
- At least one number
- At least one special character
- Be at least 8 characters
- Maximum length of 32 characters

New Password *

Confirm Password *

SUBMIT

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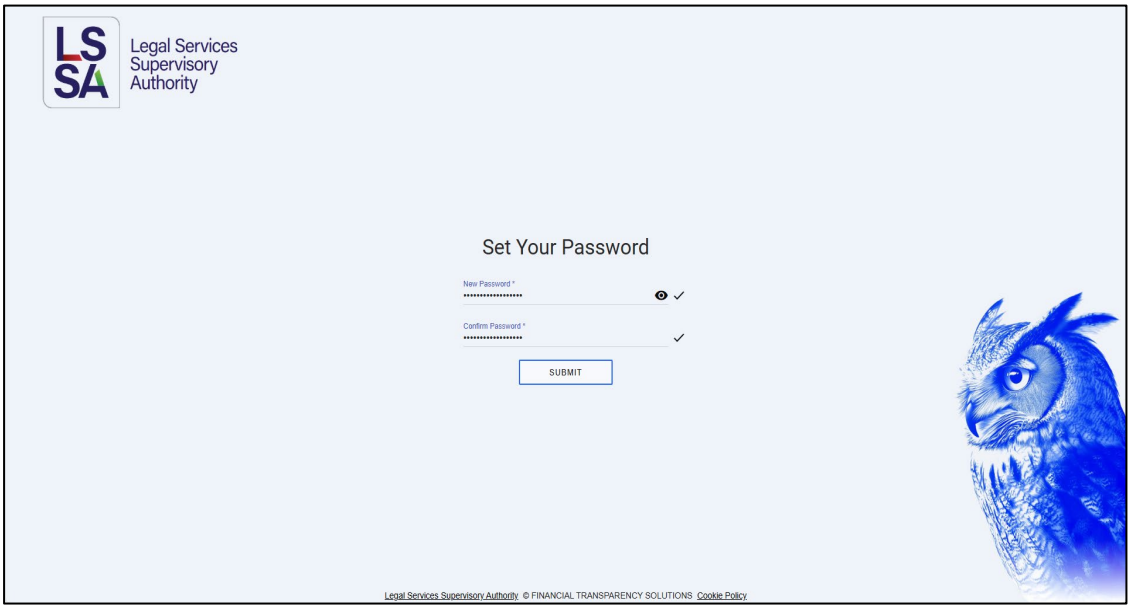
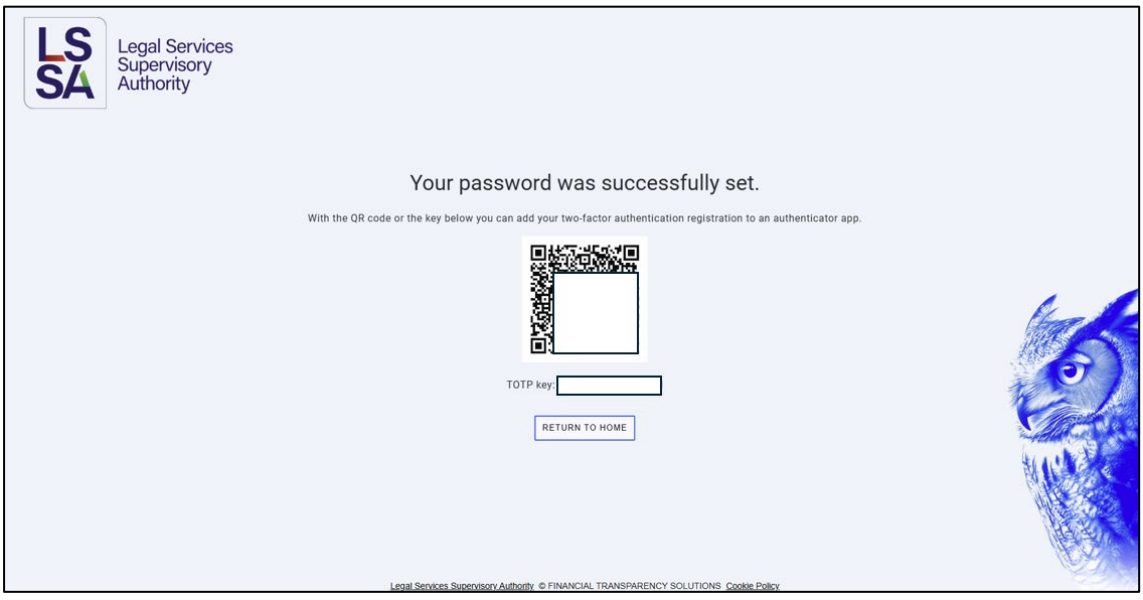
iii) Re-enter the password for confirmation.



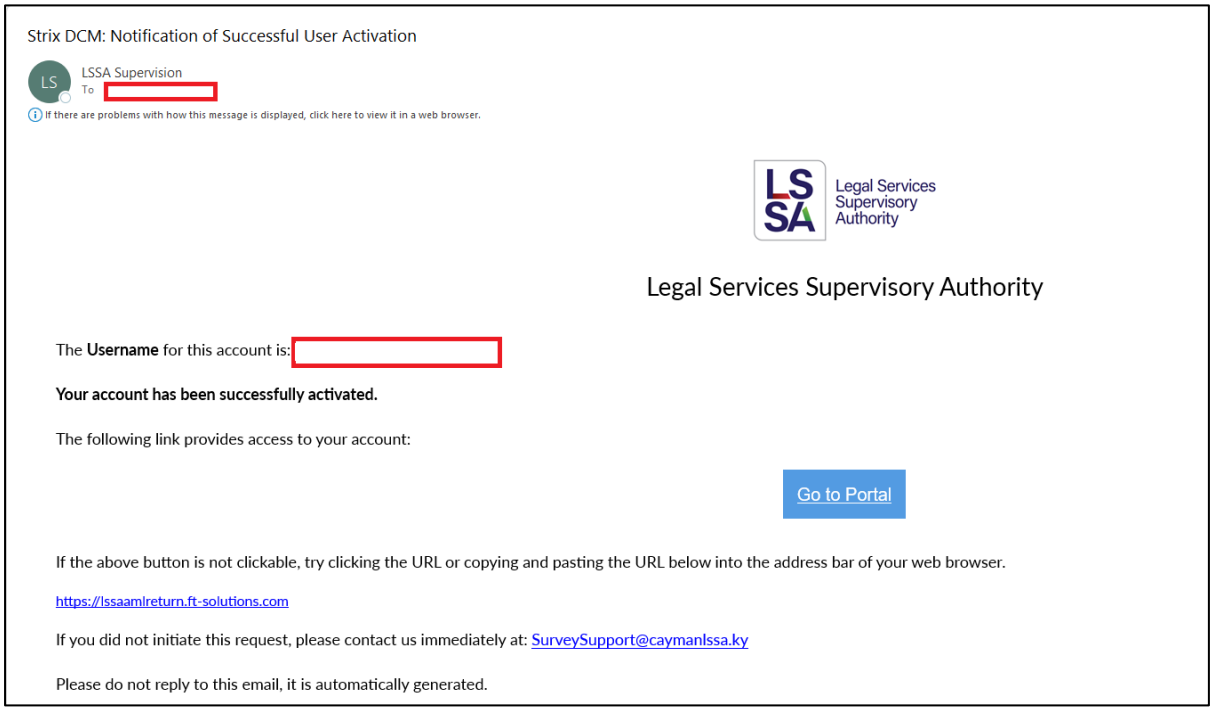
iv) Once the password has been entered correctly, click "Submit" to complete account activation. A QR code and TOTP key will be provided on the next screen. The main method of 2FA code delivery is by email.

An optional (convenient) alternative is to add a Time-based One Time Password credential to your mobile device. Modern phones can add the code to a compatible app (Google Authenticator or Apple Password app) by simply pointing your camera at the QR code and clicking on the popup message. The credential may be manually added by inputting the TOTP key directly into the corresponding app.



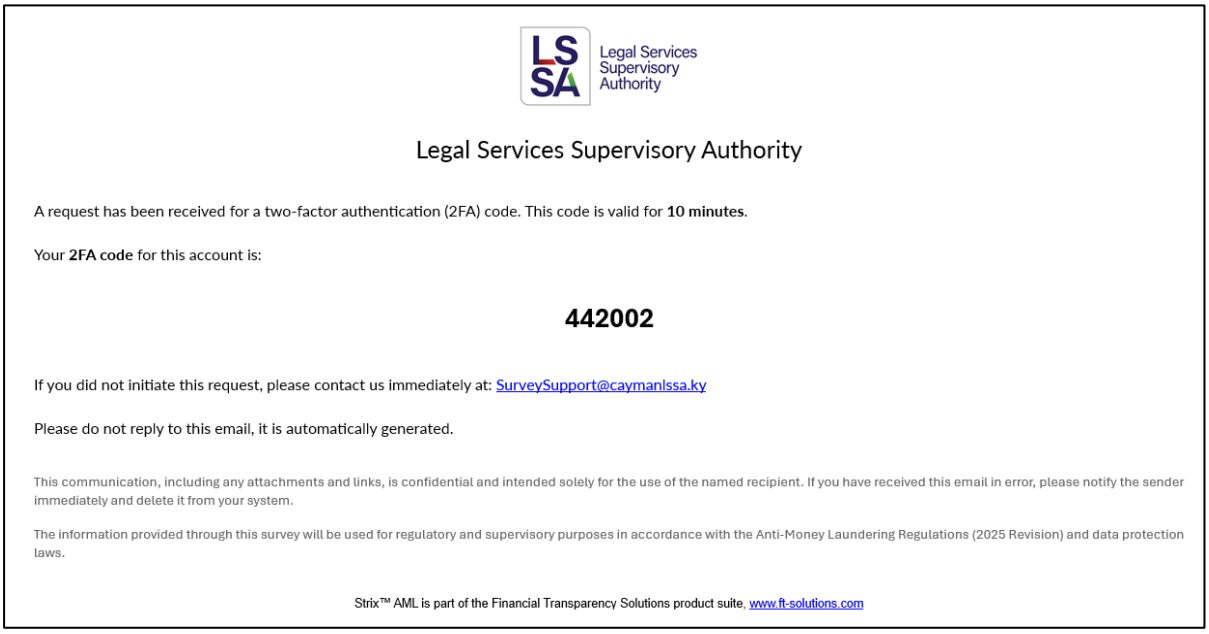
Note: A user may renew their Authenticator app credential by requesting a new password and clicking on the provided link in the email. This is useful for lost phones, installing on replacement devices, etc.

v) Upon successful activation, a confirmation email will be sent containing a “Go to Portal” link, which can be used for future access to the platform.

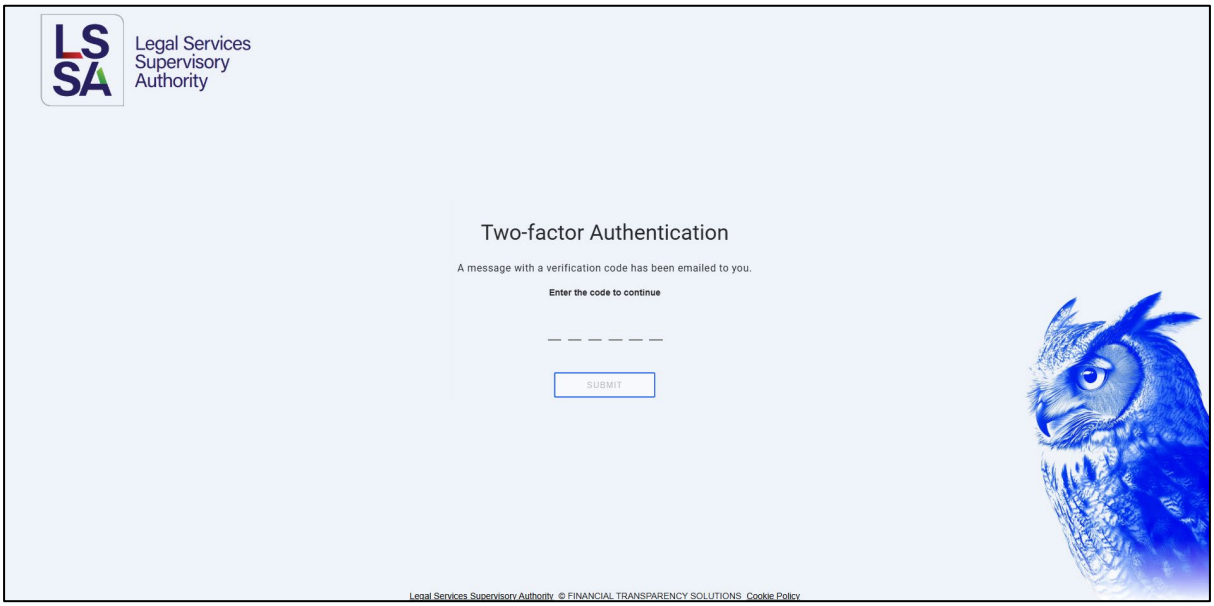


vi) Log in using your registered email address (username) and the password you have created.

vii) A six-digit two-factor authentication code will be sent to your registered email address. This code is valid for 10 minutes.



viii) Enter the authentication code from the email or from the Authenticator app when prompted to access the platform.



Once these steps are completed, you will have access to the Strix AML platform.

If no invitation email is received, please contact surveysupport@caymanlssa.ky for assistance.

Following initial activation, users may access the platform directly via:
https://lssaamlreturn.ft-solutions.com

3. User Roles and Access Management

3.1. User Types

The Strix AML platform may be accessed by two types of user access:

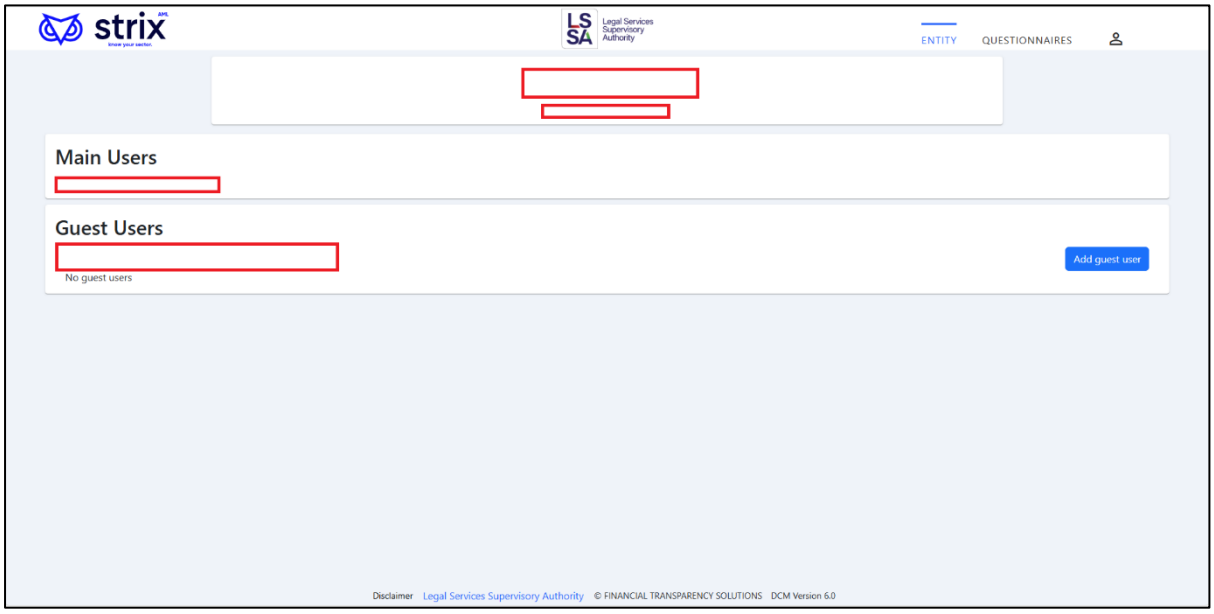
- Main Users – Typically the AMLCO. The Main User has full access, including the ability to complete and submit surveys and manage user access.
- Guest Users – A user granted access by the Main User to assist in completing surveys. Guest Users may view and save responses but cannot submit surveys on behalf of the Supervised Firm.

3.2. Adding Guest Users

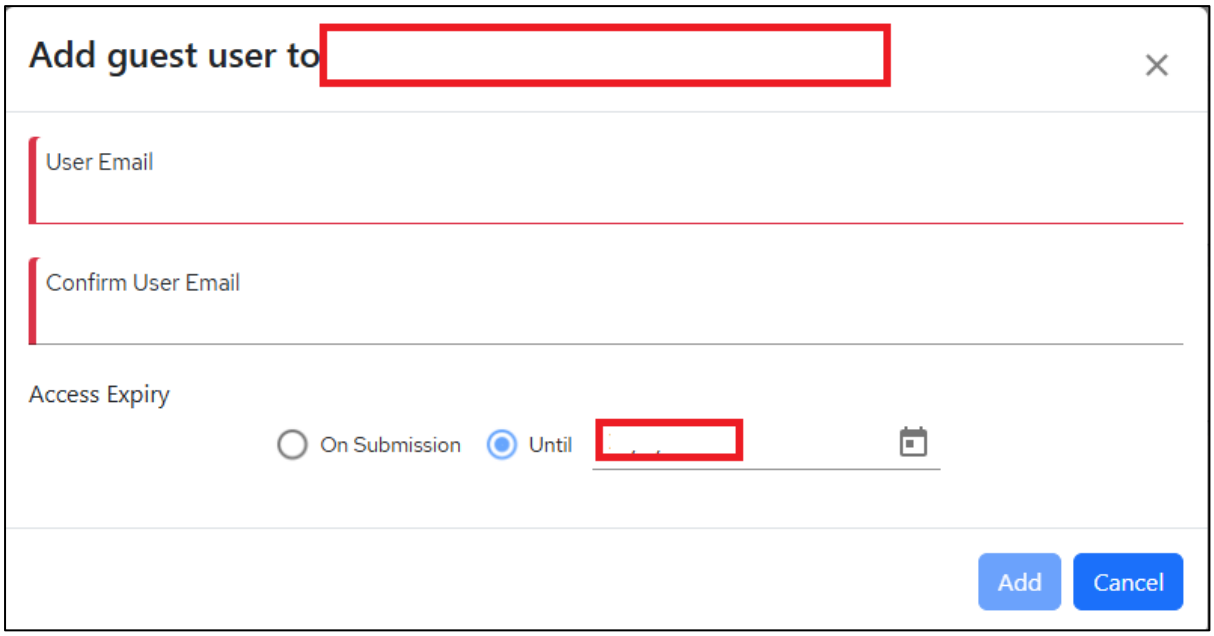
Main Users may grant access to additional users to assist with completing surveys.

To add a Guest User:

i) Navigate to the Entity Profile tab.
ii) Select “Add guest user”.



iii) Enter and confirm the email address of the Guest User.
iv) Select the duration of access.
v) Click “Add” to send the invitation.



If a Guest User is locked out, the Main User must resend the invitation email.

3.3. Removing Guest Users

To remove a Guest User's access, the Main User should select the "Remove Access" option within the Entity Profile tab. The Guest User will not receive a notification when their access is removed.

3.4. Changing the Main User

Where a change to the Main User is required, Firms must submit a request to surveysupport@caymanlssa.ky, including:

- Name
- Position/title
- Email address
- Reason for the change

The request will be processed in line with LSSA records. The new Main User will receive an invitation to activate their account when a new survey is made available or if a member of the LSSA's Data Team resends the current survey invitation.

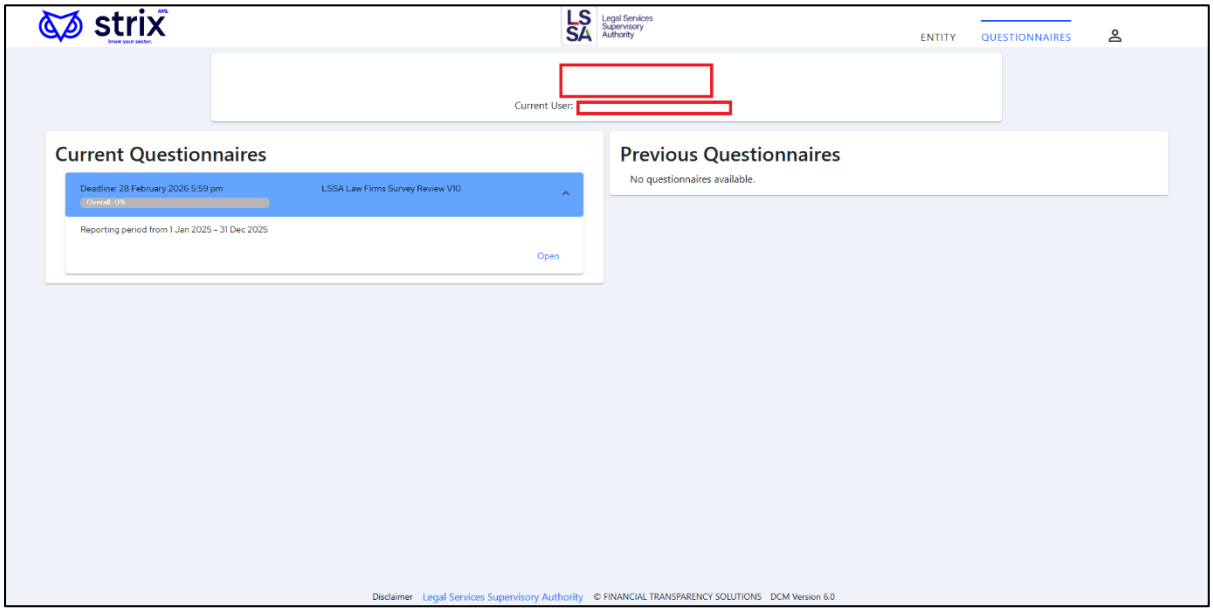
4. Using the Platform

4.1. Accessing Surveys

Once logged in, users will see available surveys under the Questionnaires tab.

To access a survey:

- Select the relevant survey; and
- Click “Open”.



Users may begin completing the survey and save progress to return at a later time.

4.2. Completing Surveys

Users are not required to complete the survey in a single session. Progress may be saved and resumed.

Users will receive email notifications if:

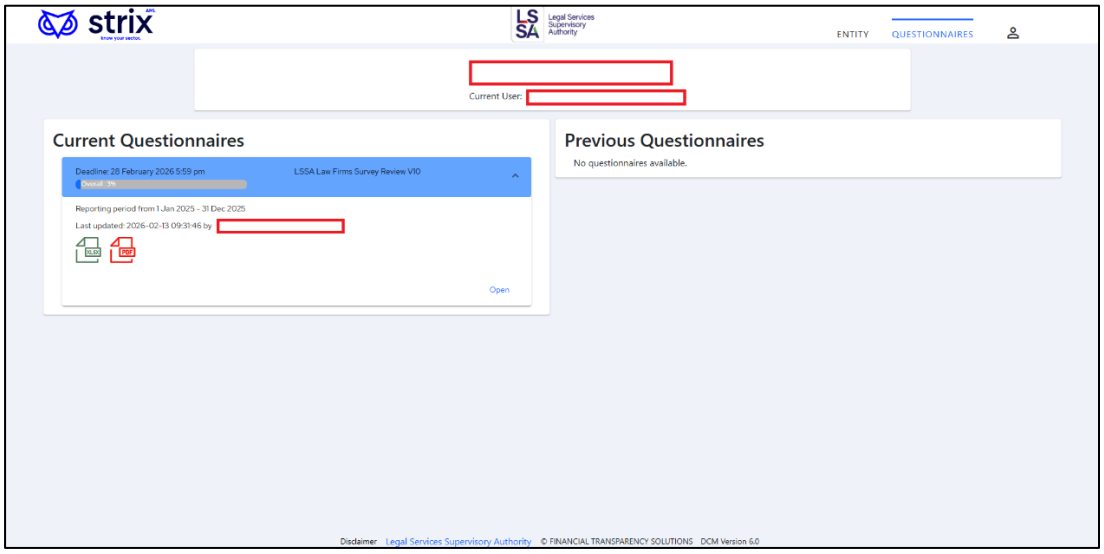
- A survey deadline is updated; or
- A survey is reopened due to incomplete or insufficient information.

If the Submit button is disabled, this indicates that there are validation errors in the form or mandatory fields still to be answered. If a user must submit incomplete for any reason, it is required to enter the reason for incompleteness in the appropriate field of the Signatories tab.

4.3. Extracting Data

Users may download survey data in Microsoft Excel or PDF format after saving the survey.

To extract data, users must first save the survey (either during completion or once completed), then navigate to the home screen where the download option is available.



Please note that downloaded versions of the survey may not display all questions, as certain questions are conditional and will only appear based on responses provided within the platform.

Surveys completed outside of the Strix AML platform will not be accepted as formal submissions. All responses must be completed and submitted directly through the platform.

5. Account Security and Support

5.1. Account Lockout

Accounts may be temporarily or permanently locked following multiple failed login attempts.

Lockout durations may include:

i) 5 minutes
ii) 10 minutes
iii) Permanent lockout

If you are unable to recall your password, select “Forgot your Password?” on the login page to reset it.

If a Main User is permanently locked out, contact surveysupport@caymanlssa.ky for assistance.

5.2. Two-factor Authentication Issues

Two-factor authentication codes are required for secure access and must not be shared.

If a user is not receiving authentication code emails, they should:

i) Use the Authenticator App TOTP code if set up
ii) Ensure the device date and time settings are correct and set to automatic
iii) Try accessing the platform using a different secure browser (e.g. Chrome, Microsoft Edge)
iv) Confirm that donotreply@caymanlssa.ky is not blocked by email or network filters

v) Ensure that browser settings allow third-party cookies

If issues persist, contact surveysupport@caymanlssa.ky

5.3. Timing Out

For security reasons, users who are inactive for an uninterrupted period greater than one (1) hour will have their session terminated and will be automatically logged out. Therefore, it is recommended that users save frequently to avoid potential unsaved data loss.

PART 2 – GUIDANCE ON COMPLETING THE AML/CFT/CPF ANNUAL SURVEY

1. Overview and General Instructions

1.1. Purpose of this Section

This section provides guidance on completing the AML/CFT/CPF Annual Survey within the Strix AML platform, including definitions, assumptions, and instructions for each section of the survey.

1.2. Reporting Scope and Key Principles

Supervised Firms should make their best efforts to complete all questions in the survey.

Failure to provide the required information may result in enhanced oversight or other actions.

The information provided should be relevant to the relevant reporting period.

1.3. Structure of the Survey

The survey consists of the following sections:

i) Structure
ii) RFB Clients
iii) RFB Services & Transactions
iv) Delivery Channels
v) Controls
vi) Signatories

2. Survey Specific Guidance

Q#	Question Text	Instructions
STRUCTURE		
Practice Details		
Q1.	What is the name of the Firm/Sole Practitioner?	Enter the legal name of the Firm exactly as registered with LSSA. Sole practitioners should enter their practice name as displayed on their registration certificate.
Q2.	Please provide the Firm's LSSA Registration Number.	The Firm Registration Number should match the LSSA's records.
Q3.	What is the most appropriate structure of your Practice?	Select the option that best describes the legal structure of your firm (e.g., sole practitioner, general partnership, LLP, company).
Q4.	If answering "Other" to the question above, please specify. Otherwise, enter 'NA'.	Provide a brief description if "Other" was selected in Q3. If not applicable, enter "NA".

Q5.	How many staff are currently employed full-time in your Firm in total (including partners, directors, associates, and other staff)?	Report the total number of full-time staff employed at the time of completing the survey. Include all offices and locations under the reporting entity. Each staff member should be counted only once.
Q6.	How many fee earners does your Firm currently employ?	Enter the number of fee earners (e.g., partners, associates, and attorneys) who generate billable work. Do not include administrative or support staff.
Q7-13.	Please provide the current staffing numbers for each relevant category listed below: • Sole Practitioner • Equity Partner • Salaried Partner or equivalent • Senior Management • Compliance • Administrative staff such as secretaries or corporate administrators. • Associate – any attorneys-at-law not in a previous category	Enter the number of staff in each category at the time of completing the survey. Each individual should be counted in only one category. Ensure that the total across all categories aligns with the total provided in Q5.
Q14.	Does your Firm have staff members of another category?	Select "Yes" if there are staff who do not fall within the listed categories. Otherwise, select "No". If "Yes", complete Q15–17.
Q15.	Please provide the number of Other staff.	Enter the number of staff not captured in the categories listed above.
Q16.	Sum of Types of Staff:	This field may be auto-calculated or should equal the total number of staff reported across Q7–15. Ensure consistency with Q5.
Q17.	Define other types of staff:	Provide a brief description of the "Other" staff category referenced in Q15. If not applicable, enter "NA".
Comments		
Q18.	Do you have any comments on the previous section?	Select "Yes" if you wish to provide additional context or explain any information the Firm is unable to provide in this section. Otherwise, select "No". If "Yes", complete Q19.
Q19.	Please identify any information requested that the firm is unable to provide and provide an explanation.	Provide details of any information that could not be supplied, and include any additional context or clarification relevant to your responses in this section.

RFB CLIENTS		
Client Profile		
Q20.	Did your Firm engage in or assist other persons in the planning or execution of RFB during the Relevant Period?	Select "Yes" if the Firm carried out any activities that fall within the definition of RFB during the reporting period. Otherwise, select "No". If "Yes", complete questions Q21-69 as applicable. If "No", please go straight to Q70.
Q21.	How many RFB clients did your Firm act for during the Relevant Period, by jurisdiction of domicile or incorporation?	Report the number of unique RFB clients, not the number of matters or engagements. Jurisdiction refers to the client's domicile (for individuals) or place of incorporation (for entities). Each client should be counted only once, regardless of the number of matters.
Q22.	Total Number of Clients (for validation)	This is a validation field to check the totals reported in Q21. No input is required.
Q23-27.	Please indicate the absolute number of RFB clients by type that your Firm acted for during the Relevant Period: • Natural Persons • Financial Corporations • Other Corporations • Trusts and Other Legal Arrangements • Partnerships	Report all clients that were active at any point during the reporting period. Financial corporations are banks, investment funds, securities dealers/brokers, administrators, and insurance companies. Other corporations include all other legal entities operating in sectors such as retail, construction, and similar industries.
Q28.	Does your Firm have Other types of clients?	If "Yes" is selected for Q28, please provide answers for Q29-30. Use only where client types are not already captured.
Q29.	Specify Other Types:	
Q30.	Number of Other clients	
Q31.	Total of all Clients Reported	This is a validation field. No input is required.

Q32.	How many RFB matters did your Firm conduct during the Relevant Period?	Include all matters opened or handled during the Relevant Period. A single client may have multiple matters.
Q33-36.	In the Relevant Period, please provide the number of clients in each category of risk (as defined by the Firm): • Lower • Medium • Higher • Not yet rated	Apply the Firm's internal risk methodology when allocating clients. Where your Firm uses more granular categories (e.g. medium-low, medium-high), map them as follows: • Low → Lower • Medium categories → Medium • High → Higher Reported totals should reconcile with the overall number of RFB clients.
Q37.	Sum of Clients by Risk Category	These are validation fields. No input is required.
Q38.	Total Number of Clients (for validation)	
HNWI - UHNWI		
Q39-42.	During the Relevant Period, how many of your RFB clients (as individuals, UBOs or Controllers of clients that are not individuals), were classified as: • HNWIs residents (who are not UHNWIs) • UHNWIs residents • HNWIs non-residents (who are not UHNWIs), by jurisdiction of domicile or incorporation • UHNWIs non-residents, by jurisdiction of domicile or incorporation	Clients should not be double counted across categories. Clients with net worth exceeding USD 30,000,000 should be classified as UHNWI only. Where applicable, please provide a breakdown of clients by jurisdiction of domicile (for individuals) or incorporation (for legal entities).
Q43.	Total HNWIs	These are validation fields. No input is required.
Q44.	Total UHNWIs	
Politically Exposed Persons (PEPs)		
Q45.	During the Relevant Period, how many PEPs did your Firm act for that are Domestic PEPs?	Include PEPs who are clients in their own right, as well as PEPs identified as UBOs of clients. Where applicable, please provide a breakdown of Foreign PEPs by jurisdiction of domicile (for individuals) or incorporation (for legal entities).
Q46.	During the Relevant Period, how many PEPs did your firm act for that are Foreign PEPs, by jurisdiction of domicile or incorporation?	
Q47.	Total # PEPs	This is a validation field. No input is required.

NPOs		
Q48-51.	During the Relevant Period, how many of your RFB clients were Charities or NPOs? • Domestic Registered NPOs (under NPO Law) • Other Domestic Charities/NPOs • Foreign Registered NPOs, by jurisdiction • Other Foreign Charities/NPOs, by jurisdiction	Domestic Registered NPOs are those that are registered under the Non-Profit Organisations Law (2020 Revision) and supervised by the Cayman Islands General Registry. Other Domestic Charities/NPOs include any domestic charitable or non-profit organisations not registered under the Non-Profit Organisations Law (2020 Revision). Foreign Registered NPOs are those formally registered as non-profit organisations in another jurisdiction. Other Foreign Charities/NPOs include any foreign charitable or non-profit organisations that are not formally registered as NPOs in their jurisdiction For foreign entities, please provide a breakdown by jurisdiction of domicile or incorporation.
Q52.	Total Charities / NPOs	This is a validation field. No input is required.
Higher Risk Sectors		
Q53-69.	During the Relevant Period, how many of your RFB clients (whether acting as individuals or beneficial owners or controllers of non-individual clients) were primarily engaged in the potentially higher-risk industries or sectors listed below? Please provide the approximate number of clients for each category. • Cash Intensive Business • Virtual Assets / Digital Assets / Crypto-related activities • Real Estate / Property Management • High-Value or Luxury Goods (e.g. art, jewellery, precious metals, vehicles) • Government Schemes • Gaming / Gambling • Shipping, Aviation • Money Service Businesses • State-owned companies, sovereign wealth funds • Energy, oil and gas • Mining and extractive industries	Count clients primarily engaged in the listed sectors or industries. Where a client operates across multiple sectors, classify based on the primary business activity. Reasonable estimates may be provided where precise data is not available. Enter '0' where the Firm does not have any clients in a particular category.

	• Pharmaceuticals • Defence procurement and military-related industries • Transportation / Logistics • Production or distribution of tobacco, e-cigarettes, cannabis or related products • Adult Entertainment Industry • Construction/ Development	
Comments		
Q70.	Do you have any comments on the above section?	Select "Yes" if you wish to provide additional context or explain any information the Firm is unable to provide in this section. Otherwise, select "No". If "Yes", complete Q71.
Q71.	Please identify any information requested that the Firm is unable to provide and provide an explanation.	Provide details of any information that could not be supplied, and include any additional context or clarification relevant to your responses in this section.
RFB SERVICES & TRANSACTIONS		
Relevant Financial Business Activity		
Q72.	Please indicate the approximate proportion of your Firm's total business that constitutes RFB?	Provide an estimate of the percentage of your Firm's total business that constitutes RFB.
Q73-77.	Please indicate the approximate proportion of the Firm's RFB attributable to each of the following activities over the Relevant Period: • Sale, purchase or mortgage of land or interests in land on behalf of clients or customers. • Management of client money, securities, or other assets. • Organisation of contributions for the creation, operation, or management of companies. • Management of bank, savings, or securities accounts. • Creation, operation or management of legal persons or arrangements, and buying and selling of business entities.	Allocate the percentage reported in Q72 across the activities listed in Q73–77. The total across Q73–77 must equal 100% of the Firm's RFB activity. The RFB activity referred to herein relates to legal services provided in the course of business, as defined under Schedule 6 of the Proceeds of Crime Act (2024 Revision).
Q78.	Total Percentages of RFB Activities	These are validation fields. No input is required.
Q79.	Percentages should total 100%	

Payment Methods		
Q80.	In the Relevant Period, has your Firm accepted or handled cash payments (directly or indirectly)?	Cash refers strictly to physical notes and coins. Do not include cheques, bank transfers, wire payments, or other electronic payment methods. If "Yes" is selected, please provide answers for Q81-83.
Q81.	Please provide the total number of cash transactions.	Provide the absolute number of cash transactions during the reporting period.
Q82.	Please provide the aggregate value of all cash transactions (in USD).	Provide the total value of all cash transactions conducted during the reporting period in USD.
Q83.	Please provide the value of the highest single cash transaction handled (in USD).	Enter the value of the single highest cash transaction during the Relevant Period (in USD).
Q84.	During the Relevant Period, did your Firm accept virtual currencies (including cryptocurrencies or other digital assets) as payment for legal services?	If "Yes" is selected, please provide answers for Q85-87.
Q85.	Specify the virtual currency(ies) accepted.	List each virtual currency accepted (e.g. Bitcoin (BTC), Ethereum (ETH), USDC). Include only virtual currencies accepted as payment for legal services. Do not use general terms such as "crypto". Please provide the exact name of the asset.
Q86.	Total number of virtual currency transactions received.	Count each separate payment transfer as one transaction. Include instalments and partial payments. Count only payments made to the Firm for services.
Q87.	Aggregate value of virtual currency payments received (expressed in USD at the time of receipt):	Convert each payment to USD using the exchange rate applicable on the date of receipt. Do not report current market values or post-conversion values.
RFB Clients – Category		
Q88-106.	For the Relevant Period, please provide the approximate number of RFB client matters undertaken by your Firm in each of the following subject-matter categories: • Mergers and Acquisitions • Aircraft or Shipping Finance	Report approximate number of matters, not clients. This question relates only to matters that constitute RFB.

	• Registration of Aircraft or Maritime Vessels • Structured Finance • Crowd Funding Structures • Initial Coin Offerings • Exempted Companies • Ordinary Resident / Non-Resident Companies • Limited Liability Companies • Foreign Companies • CI Exempt Limited Partnerships • Segregated Portfolio Companies • Open-ended Funds • Closed-ended Funds • Foundation Companies • Formation, Management or Dissolution of NPOs or Charities • Formation or Management of Trusts • Residential Conveyancing • Commercial Conveyancing	Where a matter involves more than one category, Firms may count the matter in more than one category.
Use of Client Accounts		
Q107.	Does the Firm operate and maintain client/trust accounts?	If "Yes" is selected, please provide an answer for Q108.
Q108.	Please indicate the total value of transactions through the Firm's client account during the Relevant Period as it relates to RFB clients.	Client/trust account activity should relate only to RFB clients.
Q109.	Provide the number of transactions processed through client accounts during the Relevant Period.	Select the most appropriate option, which represents the absolute number of transactions in and out of the client/trust account related to RFB clients only.
Q110.	Does your Firm accept third-party payments into client accounts?	This refers to any payments from parties other than the client. If "Yes" is selected, please answer Q111.
Q111.	Please describe the controls applied to third-party payments.	Briefly describe your Firm's policy on accepting payments from third parties (i.e. non-clients). Indicate whether such payments are prohibited or permitted in limited circumstances. Outline key controls applied (e.g. identity verification, sanctions screening, source of funds checks, senior management/MLRO approval). If no controls applied, state 'none'.

Trusts		
Q112.	During the Relevant Period, did your Firm permit any attorney to act as a trustee of a trust in the course of providing legal services that constitute RFB?	If answered "Yes" to Q112, please provide an answer for Q113.
Q113.	Please state the number of attorneys who acted as trustees during the Relevant Period.	Attorney trusteeship should include both formal and informal appointments.
Q114.	During the Relevant Period, did your Firm provide legal advice in relation to trusts, whether or not such advice constituted RFB?	Select "Yes" if your Firm provided any legal advice relating to trusts during the Relevant Period. Include advice on trust formation, restructuring, administration, termination, or trustee duties. Exclude situations where the Firm acted solely as trustee without providing legal advice (unless legal advice was also given).
Comments		
Q115.	Do you have any comments on the above section?	Select "Yes" if you wish to provide additional context or explain any information the Firm is unable to provide in this section. Otherwise, select "No". If "Yes", complete Q116.
Q116.	Please identify any information requested that the Firm is unable to provide and provide an explanation.	Provide details of any information that could not be supplied and include any additional context or clarification relevant to your responses in this section.
DELIVERY CHANNELS		
Delivery Channels		
Q117 - 124.	Please state which delivery channels your Firm uses for RFB clients. Confirm the absolute number of clients in each category: • Face-to- face / in-person • Local Professional Intermediary • Local Non- Professional Intermediary • International Professional Intermediary • International Non-Professional Intermediary • Direct / unsolicited business • Referral from existing client • Digital / remote onboarding	Clients may be counted in multiple channels where applicable. Classify intermediaries as: -Professional: regulated, licensed, or members of a recognised professional body (e.g. lawyers, accountants, corporate service providers). -Non-professional: unregulated individuals or entities that introduce or refer business and are not acting within a recognised licensed profession.

Jurisdiction for Non-Resident Intermediaries		
Q125.	Please provide the number of international intermediaries (both professional and non-professional), by jurisdiction.	Allocate each intermediary based on their primary place of business and ensure no double counting.
Comments		
Q126.	Do you have any comments on the above section?	Select "Yes" if you wish to provide additional context or explain any information the Firm is unable to provide in this section. Otherwise, select "No". If “Yes”, complete Q127.
Q127.	Please identify any information requested that the Firm is unable to provide and provide an explanation.	Provide details of any information that could not be supplied, and include any additional context or clarification relevant to your responses in this section.

CONTROLS		
Fit and Proper Conduct		
C1-10.	What screening procedures have been implemented by your Firm to ensure high standards when hiring? • Practicing Certificate checks • Previous employment checks • Open-source searches • Police checks • Qualification checks • Professional membership checks • Reference checks • Sanctions and PEP checks • Social Media review • Other	Select all screening measures actually applied in practice. If answered “Yes” to C10, please provide further details in C11.
C11.	Provide further details here:	

C12-15.	Has any Beneficial Owner, Officer, Manager or Director of your Firm had or been involved in any of the following listed below: • Professional disciplinary findings against them in any jurisdiction. • Criminal convictions (other than minor traffic matters dealt with by way of a fine/points or been found liable at a civil court within the last 6 years). • Any other business which has been in administration or liquidation other than in a capacity of providing professional services. If you answered "Yes" to any of the three questions above, please provide details. If "Other" to all, enter NA.	Indicate whether any Beneficial Owner, Officer, Manager, or Director has been involved in any of the matters listed, including matters previously disclosed to the LSSA. This requirement also applies to Sole Practitioners.
C16.	Has your Firm implemented ongoing fit and proper monitoring processes?	Select "Yes" if your Firm conducts continuous or periodic monitoring to ensure owners, managers, and staff remain fit and proper. This may include ongoing screening, disciplinary checks, sanctions/PEP screening, or annual declarations. Select "Other" only where monitoring is limited to onboarding and not ongoing.
C17.	Are employees required to certify their compliance with AML/CFT/CPF policies on an annual basis?	Select "Yes" if employees are required to provide a formal annual declaration or attestation confirming compliance with the Firm's AML/CFT/CPF policies and procedures. This may include written certifications, compliance confirmations, or annual policy acknowledgements. Select 'No' if no formal annual certification process is in place.
Business Risk Assessment (BRA)		
C18.	Does your Firm maintain a documented BRA?	If you answered "Yes" to C18, please complete C19-26.
C19.	Please provide a copy of the Business Risk Assessment.	Upload the most recent BRA, including any supporting or referenced documents.
C20.	Does the BRA cover terrorist financing?	Confirm whether the BRA explicitly addresses terrorist financing and proliferation financing risks.
C21.	Does the BRA cover proliferation financing?	

C22.	Has senior management formally approved the Business Risk Assessment?	If answered "Yes" to C22, please provide the date of the most recent approval.
C23.	Provide date of most recent approval of BRA.	
C24.	Did your Firm take the National Risk Assessment into account when conducting the BRA?	Confirm whether the risks outlined in the Cayman Islands National Risk Assessment were considered when preparing the BRA.
C25.	How frequently is the Business Risk Assessment reviewed and updated?	This should reflect your Firm's internal processes.
C26.	If Other, please provide further detail below. Otherwise, enter 'NA'.	If "Other" is selected, specify the circumstances under which the BRA is reviewed and updated.
C27-32.	How is the BRA communicated and embedded within the firm? • Approved by Senior Managers / Partners • Communicated to all Staff • Used to determine CDD/EDD Levels • Incorporated into training • Reviewed by MLRO/AMLCO • Not formally communicated	Select all that applies.
C33.	Does the outcome of the BRA directly influence the Firm's AML/CFT/CPF controls and resourcing?	Select "Yes" if the findings of your BRA are used to adjust or strengthen AML controls. This may include applying enhanced due diligence, increasing monitoring frequency, allocating additional compliance staff, or enhancing training. Select "No" if the BRA is prepared as a standalone document and does not directly impact AML controls or resource allocation.
C34.	What is the Firm's overall inherent AML/CFT/CPF risk rating?	Select the overall inherent AML/CFT/CPF risk rating assigned in your most recent BRA (e.g. Low, Medium, High). If your Firm uses "Medium-Low" or "Medium-High", select "Medium". The rating should reflect the Firm's risk before mitigation by controls. Ensure the response aligns with the documented BRA.
C35-42.	Which risk factors are assessed within your Business Risk Assessment?	Select "Yes" to all that apply.

	• Client types • Products and services risk • Delivery channels • Geographic exposure • Transactions and client funds • Outsourcing • Third-party reliance • Use of intermediaries or introducers	
C43.	Has the Business Risk Assessment identified any areas of heightened or high risk in its most recent update?	If answered "Yes" to C43, please answer C44-49.
C44-49.	Indicate the risk category/categories: • Client risk • Geographic risk • Service/ Product risk • Delivery channel risk • Sanctions risk • Other	Select which areas were identified as a higher risk category based on the most recent BRA. If "Other" is selected, please provide details in C50.
C50.	Please explain other risk categories used:	
AML/CFT/CPF Governance & Resourcing		
C51.	What is the Name and Position of AMLCO?	Provide the full name and official job title of the appointed AMLCO, MLRO, and DMLRO. Ensure the individuals listed are formally appointed and currently in role. State the number of years of relevant AML/CFT/CPF experience each officer has (not total legal experience).
C52.	How many years of experience does the AMLCO have in AML/CFT/CPF?	
C53.	What is the Name and Position of MLRO?	
C54.	How many years of experience does the MLRO have in AML/CFT/CPF?	
C55.	What is the Name and Position of DMLRO?	
C56.	How many years of experience does the DMLRO have in AML/CFT/CPF?	
C57.	To whom does the AMLCO report directly within the Firm?	State the specific role or body to whom the AMLCO reports (e.g. Managing Partner, Board of Directors, Senior Partner). The reporting line should reflect the Firm's formal governance structure.
C58.	Does the AMLCO have direct and unrestricted access to senior management and full access to all client records and systems?	Select "Yes" if the AMLCO can communicate directly with senior management without obstruction and has full access to all relevant client files, records, and systems necessary to perform their AML duties.

		Access should not be subject to prior approval or operational restriction. Select "No" if any limitations or reporting barriers exist.
C59.	How often does the AMLCO/MLRO report AML/CFT/CPF matters to senior management or partners?	Select the frequency that reflects formal AML/CFT/CPF reporting to senior management or partners. Base your response on documented governance practices, not informal discussions.
C60.	Does the MLRO have the ultimate autonomy to make reports to the Financial Reporting Authority?	Select "Yes" if the MLRO can submit Suspicious Activity Reports to the Financial Reporting Authority independently and without requiring prior approval.
C61.	Has your Firm outsourced any aspect of its AML/CFT/CPF compliance program?	Select "Yes" if any AML functions are performed by an external service provider (e.g. AMLCO/MLRO services, compliance support, screening, independent audit). Include both fully outsourced and partially outsourced arrangements. This excludes use of third-party software or screening tools. If answered "Yes" to C61, please specify details in C62.
C62.	Please specify which AML/CFT/CPF functions are outsourced and identify the service provider(s).	
AML/CFT/CPF Policies, Procedures & Controls		
C63.	Does your Firm have documented AML/CFT/CPF policies, procedures, systems and controls that comply with the AMLRs?	If answered "Yes" to C63, please provide answer for C64.
C64.	Provide the date of last update.	
C65.	Has senior management formally approved the Firm's AML/CFT/CPF policies?	Select "Yes" if the Firm's AML policies have been formally reviewed and approved by senior management or the governing body.
C66.	Does your Firm's AML/CFT/CPF policies explicitly assess and address proliferation financing risk?	Select "Yes" only if your Firm's AML/CFT/CPF policies explicitly assess and address proliferation financing risk. If not formally documented, select "No".
C67.	Does your Firm have documented procedures to implement targeted financial sanctions relating to terrorist financing, including asset freezing and reporting requirements?	Select "Yes" only if procedures are documented.

C68-78.	Which of the following areas are fully covered in your Firm's AML/CFT/CPF policies? • Applying a Risk-Based Approach • Employee Screening • Client Due Diligence • EDD • Simplified Due Diligence • Ongoing Monitoring • Sanctions Screening • Suspicious Activity Reporting • Record Keeping • Staff Training • Internal Audit/Independent Review	Select all areas clearly addressed in the Firm's written AML/CFT/CPF policies.
C79.	Is your Firm part of a group that applies group-wide AML/CFT/CPF Policies and Procedures?	Select "Yes" if your Firm is part of a wider group that applies shared AML/CFT/CPF policies and procedures across entities. Select 'Partially' if only certain AML/CFT/CPF elements are applied at the group level. If "Partially", briefly explain the extent of group AML/CFT/CPF application. Select "No" if your Firm is not part of a group, or is part of a group but does not apply group-wide AML/CFT/CPF policies. If "No", provide a brief explanation (e.g. "Standalone firm" or "Group policies not adopted").
C80.	If Partially or No, please provide an explanation:	
C81.	Does your Firm maintain a documented process for conducting client/matter risk assessments?	Select "Yes" if your Firm has a formal, written process for assessing and assigning risk ratings to clients and/or matters. If "Yes" is selected, please answer C82-C92.
C82-89.	At what stage does the Firm conduct client/matter risk assessments? • At initial client onboarding • At matter opening • When there is a change in client ownership or control • When there is a change in the nature or scope of the matter • On a periodic basis • Triggered by risk events (e.g. PEP identification, sanctions hit, adverse media) • Upon renewal or continuation of an ongoing relationship	Please select all stages that reflect your Firm's actual practice. Only select "Other" if the stage is not listed. If "Other" is selected, please provide details at C90.

	• Other	
C90.	Please explain:	
C91.	Are risk ratings documented and retained?	Select "Yes" if client and/or matter risk ratings are formally recorded and retained in the Firm's files or systems.
C92.	Are enhanced controls applied for higher-risk ratings?	Select "Yes" if higher-risk clients or matters are subject to additional measures (e.g. enhanced due diligence, senior management approval, increased monitoring).
C93.	Is senior management approval required to onboard high-risk customers?	Select "Yes" if formal approval from senior management or a designated partner is required before establishing a relationship with a high-risk client. As a sole practitioner, you are considered senior management for approval purposes.
C94.	Does your Firm have documented procedures for applying EDD in higher-risk situations?	Select "Yes" if your Firm's AML policies formally outline when and how EDD is applied. If "Yes", provide a short description at C95 of the specific scenarios that require EDD (e.g. high-risk clients, PEPs, high-risk jurisdictions, complex structures, unusual transactions).
C95.	Briefly describe which circumstances trigger EDD.	
C96.	Does your Firm maintain a PEP Register?	Select "Yes" if your Firm maintains a formal register or documented record of identified PEPs. If "Yes", answer C97
C97.	How frequently is the PEP Register reviewed and updated?	Select the frequency that reflects your Firm's actual review practice (e.g. ad-hoc, quarterly, annually).
C98.	Are family members and close associates of PEPs identified and treated as PEPs?	Please refer to the glossary for definition of family members and close relatives of PEPs.
C99-106.	In which circumstances does your Firm verify Source of Funds and/or Source of Wealth? • Higher-risk clients or matters • PEPs • High-risk jurisdictions • Conveyancing or real estate transactions • Management of client money or assets • Complex structures (e.g. trusts, SPVs, funds)	Selections should reflect the documented AML policies and the Firm's actual practice. If "Other" is selected, provide a short description of the additional scenarios that trigger SOF/SOW verification at C107.

	• Unusual or large transactions • Other	
C107.	Briefly describe the other circumstances.	
C108-113.	When does your Firm verify Source of Funds and/or Source of Wealth? • At onboarding • Prior to accepting or receiving funds • Prior to completion of the matter • On a Risk-Based Basis during the matter • Other	Selections should reflect your documented procedures and actual practice. Verification may occur at onboarding, before receiving funds, before completing a matter, or on a risk-based trigger during the matter. Select "Other" only if verification is conducted at a different stage not listed and briefly specify in C113.
C113.	Please explain:	
C114.	Does your Firm rely on third parties to conduct any elements of client due diligence?	Select "Yes" if your Firm relies on any third party to perform any element of client due diligence. This includes reliance arrangements permitted under the AMLRs. If "Yes", please complete C115-C117.
C115.	Please specify the type of third parties relied upon.	Include all relevant categories (e.g. financial institutions, law firms, corporate service providers, or other service providers). Only include third parties relied upon for CDD purposes.
C116.	Please confirm whether the Firm obtains copies of CDD documentation upon request.	Select "Yes" if your Firm obtains underlying CDD documents from the third party when required and without undue delay.
C117.	Please confirm whether the Firm obtains sufficient information to satisfy itself that CDD requirements are met.	Select "Yes" if your Firm receives enough information to independently assess that AML requirements have been fulfilled.
C118.	Does your Firm apply simplified due diligence in any circumstances?	Identify the specific client types or matter categories where SDD is applied (e.g. regulated financial institutions, listed companies, low-risk domestic clients). If answered "Yes" to C118, please provide a response to C119.
C119.	Please confirm the categories of clients/matters to which it applies.	
C120.	Does your Firm maintain a declined business log?	Select "Yes" if your Firm keeps a formal record of prospective clients or matters declined due to AML/CFT/CPF concerns.
C121.	Are the reasons for decline documented?	

C122.	Please confirm whether the log is reviewed by the MLRO or senior management?	If answered "Yes" to C120, please provide answer for C121-C122.
C123.	Does your Firm maintain a log of terminated relationships?	Select "Yes" if your Firm keeps a formal record of client relationships terminated due to AML/CFT/CPF, risk, or compliance concerns.
C124.	Does your Firm maintain records relating to its RFB clients in accordance with the AMLRs?	Select "Yes" if your Firm maintains CDD, transaction, and client records in accordance with the AMLRs. If answered "Yes", please provide answers for C125-126.
C125.	Please confirm the minimum retention period applied?	State the minimum number of years records are retained.
C126.	Please indicate the format in which records are stored.	Select the option that best applies.
C127 .	Has your Firm conducted an appropriate independent audit to review and assess the effectiveness of its AML/CFT/CPF compliance policies, procedures, systems, and controls?	Select "Yes" if your Firm has conducted an independent review of its AML framework. If answered "Yes", please provide responses to C128-130.
C128.	How often is an AML/CFT/CPF audit conducted?	State how often AML independent testing is conducted (e.g. annually, every two years, risk-based).
C129.	When was the last AML/CFT/CPF audit?	Provide the date the most recent AML independent audit or review was completed.
C130.	Is the audit conducted internally or by an external party?	Indicate whether the review is conducted by an internal party or by an external service provider.
C131.	Has staff been provided AML/CFT/CPF training relevant to their role and responsibilities?	If answered "Yes", please provide answers for C132-138.
C132.	How frequently is AML/CFT/CPF training provided?	If "Other" is selected for C132, please provide a brief explanation at C133.
C133.	If Other, please specify; Otherwise enter 'NA'.	
C134.	Please indicate the dates of the most recent AML/CFT/CPF training session.	Provide details of formal AML/CFT/CPF training conducted for staff.
C135.	Please indicate the dates of the 2nd most recent AML/CFT/CPF training.	
C136.	Please indicate the topic of the last AML/CFT/CPF training session.	
C137.	Is AML/CFT/CPF training tailored to different roles?	Select "Yes" if AML/CFT/CPF training is tailored to the roles and responsibilities of staff (e.g. different content for senior management, AML officers, and operational staff). If the same training is provided to all staff without distinction, select "No".

C138.	Is attendance formally recorded and monitored?	Select "Yes" if your Firm maintains formal records of staff attendance at AML/CFT/CPF training and actively monitors completion.
AML/CFT/CPF Reporting		
C139.	In the Relevant Period, did your Firm's staff (including any outsourced agents if applicable) identify and internally report any unusual or suspicious activity to the MLRO/DMLRO?	Select "Yes" if any internal suspicious activity reports or escalations were made to the MLRO/DMLRO during the Relevant Period. Include reports from employees, partners, consultants, or outsourced service providers. If answered "Yes", please provide a response for C140**.**
C140.	How many internal reports were submitted to the MLRO/DMLRO?	Enter the total number of internal suspicious activity reports received during the Relevant Period. Include all internal escalations, whether they resulted in a SAR being filed.
C141.	How many Suspicious Activity Reports ("SARs") has your firm submitted to the FRA during the Relevant period?	Enter the total number of SARs formally submitted to the FRA during the Relevant Period. This should reflect only reports filed with the FRA, not internal reports. Enter "0" if none were submitted.
C142.	How many SARs submitted during the Relevant Period included a request for a Defence Against Money Laundering (DAML)?	Enter the applicable number of DAML SARs filed in the period.
C143.	In the Relevant Period, has your Firm identified or acted for any sanctioned individual, entity, ship, or vessel?	If "Yes", complete C144. Provide a brief summary including the number of instances, type of match, and action taken (e.g. reported, relationship declined/terminated, false positive).
C144.	Provide a high-level summary of the circumstances and action taken.	
C145.	Has your Firm submitted any Sanctions Compliance Reporting forms to the FRA in the Relevant Period?	If answered "Yes" to C145, please provide details at C146**.**
C146.	Please provide the number of reports submitted and a brief summary of the nature of the report.	
C147.	During the Relevant Period, please provide the number of prospective clients declined due to AML/CFT/CPF concerns.	Include declines arising from CDD failures, sanctions concerns, high-risk profile, or insufficient information.

C148.	During the Relevant Period, please provide the number of client relationships terminated due to AML/CFT/CPF concerns.	Include terminations following risk reassessment, failure to provide information, or suspicious activity concerns.
C149.	Have any Firm employees (including partners etc.) been disciplined internally for non-compliance with your AML/CFT/CPF policies, procedures, systems, and controls during the Relevant Period?	If answered "Yes" to C149, please provide details for C150. Provide a brief, high-level description of the nature of the breach and the type of disciplinary action taken.
C150.	Please provide details.	
C151.	During the Relevant Period, did your Firm identify any material AML/CFT/CPF control failures or regulatory breaches?	Select "Yes" if any significant weaknesses, breakdowns, or breaches were identified during the Relevant Period. If "Yes", confirm whether corrective measures were implemented to address the issue.
C152.	Were remediation or corrective actions taken?	
C153-163.	Please indicate whether your Firm has experienced any of the following challenges below when assessing or managing emerging AML/CFT/CPF risks during the Relevant Period: • Keeping pace with regulatory, typology, or sanctions developments • Assessing risk in novel, complex, or non-standard legal structures • Managing cross-border or multi-jurisdictional matters • Virtual assets or new payment methods • Access to appropriate AML systems or tools • Data quality or availability (e.g. beneficial ownership information) • Staff expertise or training capacity • Resourcing constraints (including sole practitioner or very small firm capacity) • Reliance on external advisers or service providers • Client resistance to EDD or information requests • No material challenges identified	Select all challenges your Firm experienced during the Relevant Period when assessing or managing AML risks. Selections should reflect genuine operational or compliance challenges. Select "No material challenges identified" only if none of the listed issues were encountered. Multiple selections are permitted where applicable.

Sanctions Compliance		
C164-167.	Does your Firm conduct sanctions screening on the following? • Clients • Beneficial Owners • Directors / Controllers • Related Parties	Select all categories that are routinely screened as part of your AML/CFT/CPF framework.
C168.	What type of process does your Firm use to perform sanctions screening?	Select whether screening is Manual, Automated, or a Combination. Combination refers to the use of both automated screening tools and manual review processes If "Manual" only is selected, enter "NA" in C169.
C169.	If selecting Automated or Combination, please identify the screening tool used. Otherwise enter NA.	
C170-174.	Which sanctions lists does your Firm screen against? • United Nations (UN) • United Kingdom (UK) • European Union (EU) • Office of the Foreign Assets Control (OFAC) • Other	Select all sanctions lists your Firm screens against. Only select lists that are actively screened in practice. If "Other", please specify the additional list(s) used at C175.
C175.	Please specify the other sanctions lists used.	
C176.	Please explain how often the Firm screens its clients.	Select the frequency that reflects actual practice (e.g. onboarding only, daily, or trigger events). If "Other", please provide explanation at C177.
C177.	If Other was selected, please specify the other screening frequency used. Otherwise enter 'N/A'	
C178.	Upon publication of updated sanctions lists, within what timeframe does your Firm update its screening and re-screen relevant clients and associated parties?	If "Other" was selected for C178, please provide details at C179.
C179.	If Other, please specify: Otherwise enter 'N/A'.	
C180.	Are your AML Officers and relevant staff subscribed to receive sanctions updates from the FRA?	The FRA provides email notifications for sanctions updates. Select "Yes" if the relevant officers are subscribed to receive these notifications.
C181.	Does your Firm maintain written sanctions compliance policies and procedures, including investigation and escalation of potential matches?	If not formally documented, select "No".
C182.	How are sanction alerts investigated and closed?	Provide a brief description of how sanctions alerts are reviewed, investigated, and resolved.

C183.	What is the frequency of sanctions-specific training to staff?	Indicate how often staff receive sanctions-specific training.
C184.	Does your Firm maintain records of sanctions screening alerts and investigation outcomes?	If such records are not maintained, select “No”.
C185.	Has sanctions risk been assessed in your Firm’s BRA?	Select “Yes” if your Firm’s BRA explicitly considers and assesses sanctions risk.
Comments		
C186.	Do you have any comments on the previous section?	Select "Yes" if you wish to provide additional context or explain any information the Firm is unable to provide in this section. Otherwise, select "No". If “Yes”, complete C187.
C187.	Please provide your comments here.	Provide details of any information that could not be supplied and include any additional context or clarification relevant to your responses in this section.
SIGNATORIES		
Attestation		
S1.	The person or persons name(s) added here attests that she/he/they have provided accurate responses to questions, to the best of their ability.	The individual(s) named must confirm that the information provided in the survey is accurate and complete to the best of their knowledge. Ensure all responses have been reviewed prior to submission.
S2.	The person’s name added here attests that she/he is duly authorized to represent the reporting entity and has ensured the submitted data has been adequately reviewed and is an accurate representation, to the best of their ability.	
S3.	Do you need to submit your survey in an Incomplete state? If no, please write 'Complete'. If yes, provide the reason for submitting incomplete. An incomplete submission may result in enhanced oversight or other action.	If the survey is fully completed, enter “Complete.” If submitting in an incomplete state, provide a clear and specific reason for the incompleteness. An incomplete submission may result in follow-up queries, enhanced oversight, or other supervisory action.