FIRMS CONDUCTING RELEVANT FINANCIAL BUSINESS
REGISTRATION FORM
(June 2026)

IMPORTANT NOTES

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

This form requests details about relevant financial business ("RFB") as defined in Schedule 6 of the Proceeds of Crime Act (2025 Revision) ("POCA"), that your firm intends to engage in, assist other persons in the planning or execution of RFB, 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 FOR REGISTRATION

Please submit the following supporting documents, where applicable, together with your completed Registration Form.

- Certificate of Incorporation
- Register of Directors & Officers
- Register of Members/ Shareholders
- Memorandum & Articles of Association
- Partnership Agreement
- Certificate of Recognition as a Law Entity
- Operational Licence

For each individual listed in Sections B, D and E of this Registration Form, please submit the following:

- Fitness & Propriety Declaration Form (available on our website)
- Certified copy of valid government-issued photographic identification
- Proof of residential address (e.g. a utility bill issued within the last three (3) months)
- Police Clearance Certificate issued within the last six (6) months

SUBMISSION INFORMATION

Please complete all sections of this Registration Form. Where a question does not apply, enter "N/A".

Submit the completed Registration Form, together with all required supporting documents, by email to supervision@caymanlssa.ky.

If you have any questions regarding this Registration Form or the registration process, please contact supervision@caymanlssa.ky.

IMPORTANT REMINDER

All firms of attorneys-at-law (including sole practitioners) that are currently conducting RFB are required to register with the LSSA.

Failure to register may constitute a breach of the AMLRs and may result in the imposition of an administrative fine.

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 Law Entity'[1]?	◯ Yes ◯ No ◯ Not applicable
14. Does the firm hold an operational licence[2]?	◯ Yes ◯ No ◯ Not applicable
15. Operational licence number (if applicable)	

[1] In accordance with s.55 of the Legal Services Act, 2020
[2] In accordance with s.64 of the Legal Services Act, 2020

16. Date legal practice commenced *(dd/mm/yyyy)*	
17. Which best describes your firm?	◯ Domestic Firm[3] ◯ International/Multi-Jurisdictional/Internationally affiliated Firm[4]
18. 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.	
19. Does the firm have any affiliates[5] through which Cayman Islands law is practised in another jurisdiction?	◯ Yes ◯ No
20. If you answered "Yes" to Question 19, please provide the following information for all affiliate offices outside the Cayman Islands through which Cayman Islands law is practised:	a. Total number of attorneys-at-law practising Cayman Islands law: _____ b. Jurisdiction(s) in which those attorneys-at-law are based (if known): _____ _____
21. Total number of full-time staff employed[6]:	
22. Total number of fee earners[7]:	
23. Please state the following relevant staff numbers as applicable:	Sole Practioner: ____ Equity Partner[8] ____ Senior Management (non-attorney): ____ Salaried Partner[9] ____

[3] 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.
[4] meaning a law firm physically located in the Cayman Islands and has an established office or a presence outside of the Cayman Islands.
[5] As defined in s.2(1) of the Legal Services Act, 2020.
[6] This refers to the Cayman Islands legal practice only.
[7] This refers to the Cayman Islands legal practice only.
[8] or equity participation in a Firm.
[9] or equivalent.

	Administrative[10]		Associate[11]		
	Compliance		Other[12]		
24. Is the firm licensed or regulated by another regulator/licensing body?					
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[13]

1. Please provide details of all beneficial owners who directly or indirectly own or control 10% or more of the firm's interest[14]:

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

[10] Support staff such as secretaries or corporate administrators.
[11] i.e., any attorneys-at-law not in a previous category.
[12] any employee not covered by other categories.
[13] Connected persons are defined in the AMLRs and include manager, director, senior executive, and beneficial owners with a direct or indirect interest of 10% or more.
[14] Unincorporated sole practitioners need only complete Section B2.

2. Provide details of managers, directors, 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/CFT/CPF 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 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:	

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:	

SECTION F: BUSINESS ACTIVITIES

1. Does your firm offer or intend to offer services that are subject to the AMLRs[15]? ◯ 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):

	Provide/Provided in the last two years	Intend 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		

2. Does your firm engage in any of the following incidental activities[16] 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)	

[15] Firms conducting relevant financial business are subject to the stipulations in the AMLRs. Relevant financial business is defined in Schedule 6 of the POCA.

[16] This does not include professional fees received or paid.

Transferring Funds by other means (please explain below)	

Other Relevant Information (if applicable)

E.3 Does your firm ever accept or handle cash?	YES	NO
E.4 Does your firm ever accept or handle virtual currency?	YES	NO
E.5 How many VASP clients does your firm have?		

E.6 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 9 TO COMPLETE THE DECLARATION AND SIGN.

Legal Services Supervisory Authority

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, complete and accurate to the best of my knowledge and belief as at the time submitted.
2. I understand the provision of false or misleading information to LSSA is in contravention of Regulation 55O of the AMLRs, is a criminal offence and may rise to a penalty.
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 confirm I will notify you as soon as any information provided in this form changes.
6. I understand that the LSSA may undergo certain checks necessary to process their information and make sure it complies with the AMLRs.

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