

## FIRMS CONDUCTING RELEVANT FINANCIAL BUSINESS

### APPLICATION FOR REGISTRATION

(Version: December 2021)

#### IMPORTANT NOTES

Please complete and submit this form in accordance with the requirement under the Anti-Money Laundering Regulations (2020 Revision) (“**AMLRs**”) of the Cayman Islands for firms of attorneys-at-law (including sole practitioners) to register with the Cayman Attorneys Regulation Authority (“**CARA**”).

In addition to your registration details, this form solicits information about the ‘Relevant Financial Business’ (“**RFB**”) as defined in Schedule 6 of the Proceeds of Crime Law (2020 Revision) (“**POCL**”) of the Cayman Islands, that your firm is intending to provide, and details about your firm’s Anti Money Laundering (“**AML**”) Countering the Financing of Terrorism (“**CFT**”), Countering Proliferation Financing (“**CPF**”) and Targeted Financial Sanctions (“**TFS**”) compliance framework.

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

#### PLEASE ENCLOSE WITH YOUR APPLICATION:

In addition to your completed registration form you will also need to provide us with current copies of the following documents for your firm/practice (*where applicable*):

- Certificate of Incorporation
- Register of Directors & Officers
- Register of Members/ Shareholders
- Memorandum & Articles of Association
- Partnership Agreement
- Certification as a recognised body
- Operational Licence

#### SUBMISSION INFORMATION

Please answer all questions, using N/A if any question is not applicable.

For assistance with registration, please direct your specific enquiries to [info@cara.ky](mailto:info@cara.ky).

Please follow full directions on page 11 for submission.

**PLEASE NOTE AN ATTORNEY-AT-LAW FIRM OR SOLE PRACTITIONER MUST NOT CONDUCT RELEVANT FINANCIAL BUSINESS IN ANY CAPACITY UNTIL REGISTERED WITH CARA. CARRYING OUT RELEVANT FINANCIAL BUSINESS WHEN UNREGISTERED IS A BREACH OF THE AMLRS AND YOU MAY BE SUBJECT TO AN ADMINISTRATIVE FINE.**

## A. FIRM INFORMATION

A.1 Firm/Practice name:

A.2 Trading name (if applicable):

A.3 Legal status of firm:                      Sole Practitioner                      Company                      General Partnership                      Limited Liability Partnership                      Other

A.4 Date of Incorporation or Formation  
(if applicable - dd/mm/yyyy):

A.5 Company Number (if applicable):

A.6 Principal Business Address:

A.7 Postal Address:

A.8 Website Address:

A.9 Business Telephone Number:

A.10 Registered Office  
(if applicable and different to above):

A.11 Is your firm a 'Recognised Body'<sup>1</sup>?                      YES              NO              NOT APPLICABLE

A.12 Does your firm hold an operational licence<sup>2</sup>?                      YES              NO              NOT APPLICABLE

A.13 Operational licence number (*if applicable*):

A.14 Date firm commenced trading (*dd/mm/yyyy*):

A.15 Which best describes your firm?                      Domestic Firm<sup>3</sup>                      International/Multi-Jurisdictional/Internationally affiliated Firm<sup>4</sup>

A.16 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:

A.17 Total number of full time staff:

A.18 Total number of fee earners:

A.19 Please state the following relevant staff numbers as applicable:

Sole Practitioner:		Equity Partner <sup>5</sup> :	
Senior Management (non-attorney):		Salaried Partner <sup>6</sup> :	
Administrative <sup>7</sup>		Associate <sup>8</sup> :	
Compliance		Other <sup>9</sup> :	

<sup>1</sup> In accordance with the Legal Practitioners (Incorporated Practice) Regulations (2006 Revision)

<sup>2</sup> In accordance with the Legal Practitioners Law (2012 Revision)

<sup>3</sup> meaning a law firm physically located in the Cayman Islands and does not have an established office or a presence outside of the Cayman Islands.

<sup>4</sup> meaning a law firm physically located in the Cayman Islands and has an established office or a presence outside of the Cayman Islands.

<sup>5</sup> or equity participation in a Firm.

<sup>6</sup> or equivalent

<sup>7</sup> Support staff such as secretaries or corporate administrators.

<sup>8</sup> i.e., any attorneys-at-law not in a previous category.

<sup>9</sup> any employee not covered by other categories.

## B. FIRM OWNERSHIP AND CONTROL

B.1 Have you recently merged with, or taken over, another law firm? YES NO

B.2 Please provide details of the individuals, or entities, that are shareholders/members/owners and holding an interest of 10% or more<sup>10</sup>:

Name of shareholder(s)/Member(s) /Owner(s):	Professional Designation(s) (if any):	% Voting Rights	Number of Shares <small>please include non-voting shares:</small>	Nominal Value <small>please state currency</small>
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B.3 Please provide details of the Directors, Partners, or other equivalent Controlling Persons<sup>11</sup>:

Full Name:	Professional Designation(s) (if any):	Date of Appointment (dd/mm/yyyy):
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<sup>10</sup> Unincorporated sole practitioners need complete only B.3.

<sup>11</sup> CARA is seeking to establish the identity of any controlling person such as a director, manager, partner, president, chief executive officer or such other person who is in an equivalent senior management position in the legal person or arrangement. A sole practitioner is included



Full Name:

Professional Designation(s) (if any):

Date of Appointment (dd/mm/yyyy):

## C. CONNECTED ENTITIES

- C1. 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:*

## D. FIT AND PROPER

D.1	Has any Beneficial Owner <sup>12</sup> , Officer, Manager or Director of the firm had any professional disciplinary findings against them in any jurisdiction?	YES	NO	
D.2	Has any Beneficial Owner, Officer, Manager or Director of the firm had any criminal convictions (other than minor traffic matters dealt with by way of a fine/points)?	YES	NO	
D.3	Has any Beneficial Owner, Officer, Manager or Director of the firm been involved in any other business which has been in administration or liquidation other than in a capacity of providing professional services?	YES	NO	
D.4	In the last five years, has the firm or any affiliated entity been the subject of any civil action relating to its professional services which resulted in a finding against the firm by a court, or a settlement being agreed?	YES	NO	
D.5	If you answered Yes to questions D.1, D.2, D.3 and/or D.4, please provide details:			
D.6	Has your firm implemented procedures to screen employees to ensure high standards when hiring?	YES	NO	NOT APPLICABLE
D.7	If yes, please tick all that apply:			
	i.	Practicing Certificate Checks	<input type="checkbox"/>	
	ii.	Previous Employment Checks	<input type="checkbox"/>	
	iii.	Open-Source Searches	<input type="checkbox"/>	
	iv.	Police Checks	<input type="checkbox"/>	
	v.	Qualification Checks	<input type="checkbox"/>	
	vi.	Professional Membership Checks	<input type="checkbox"/>	
	vii.	Reference Checks	<input type="checkbox"/>	
	viii.	Sanctions and PEP Checks	<input type="checkbox"/>	
	ix.	Social Media Review	<input type="checkbox"/>	
	x.	Other	<input type="checkbox"/>	

<sup>12</sup> A natural person who ultimately owns or controls 10% of the shares or voting rights in the Firm.

## E. BUSINESS ACTIVITIES

E.1 Does your firm operate a client bank account/trust account? YES NO

E.2 Does your firm engage in any of the following incidental activities<sup>12</sup> 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):*

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 With reference to Schedule 6 and activities falling within the definition of RFB, please indicate which of the following legal services you or your firm is intending to provide (tick all that apply)<sup>14</sup>:

The 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	
The creation, operation or management of legal persons or arrangements and buying and selling of business entities	
The organization of contributions for the creation, operation, or management of companies	

<sup>13</sup> This does not include professional fees received or paid.

<sup>14</sup> 'Providing legal services' includes giving legal advice or assistance, preparing a document on behalf of another person, or preparing an instrument governed by law that related to real, personal, or intangible property.

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 & Finance	
Insolvency & Restructuring		Blockchain & Fintech	
Investment Funds		Tax	
Shipping & Aviation		Other	

*If Other was ticked, please provide further information:*

E.7 When would you like registration with CARA to begin (dd/mm/yyyy)?

## F. AML COMPLIANCE FRAMEWORK

F.1	Does your firm have clear and adequate AML policies, procedures, systems, and controls covering the requirements of the AMLRs?	YES	NO	
F.2	Does your firm apply the same Group AML policies, procedures, systems and controls across all offices and subsidiaries, domestic and international (as far as local legislation/regulation permits)?	YES	NO	NOT APPLICABLE

F.3 Has your firm outsourced<sup>15</sup> the carrying out of any applicable AML obligations (including within or outside the Group where applicable)? YES NO

F.4 Does your firm have a specific annual budget allocated for AML compliance? YES NO

F.5 Please provide the following details for the Anti-Money Laundering Compliance Officer (“**AMLCO**”):

AMLCO Name:	
Position within Firm:	
Direct Telephone Number:	
Email Address:	
Date Appointed (dd/mm/yyyy):	

F.6 Total number of years’ experience AMLCO has in AML compliance:

F.7 Please provide the following details for the Money Laundering Reporting Officer (“**MLRO**”):

MLRO Name:	
Position within Firm:	
Direct Telephone Number:	
Email Address:	
Date Appointed (dd/mm/yyyy):	

F.8 Total number of years’ experience MLRO has in AML compliance:

<sup>15</sup> Excludes use of third-party software applications and lists.

F.9 Please provide the following details for the Deputy Money Laundering Reporting Officer (“DMLRO”):

MLRO Name:

Position within Firm:

Direct Telephone Number:

Email Address:

Date Appointed (dd/mm/yyyy):


F.10 Total number of years’ experience DMLRO has in AML compliance:

F.11 Does your Firm have a screening mechanism in place for TFS?

YES

NO

**PLEASE PROCEED TO PAGE 11 TO COMPLETE DECLARATION AND SIGN.**

## G. DECLARATION

I, the undersigned, hereby declare that:

- To the best of my knowledge and belief, the information in this form is true, complete and accurate;
- I understand the provision of false or misleading information to CARA is in contravention of Regulation 550 of the AMLRs, is a criminal offence and may give rise to a penalty; and
- I confirm that, if requested, the firm/practice is willing to submit or make available to CARA, any further information, documents, and records in support of answers given in this registration form.

Full name:

Position within firm:

Direct contact number (*work*):

Direct contact number (*cell*):

Email address:

Date signed (*dd/mm/yyyy*):

Signature:

### HOW TO SUBMIT

After completing and signing, please submit your registration form along with your supporting documentation by email to [info@cara.ky](mailto:info@cara.ky).

### USING YOUR PERSONAL INFORMATION

We will treat your personal information in accordance with data protection legislation. We will use your information to carry out our responsibilities as a regulator. We may, either as required by law or to carry out those responsibilities, share your personal information to comply with the requirements of government departments, agencies and regulators. For more information about our data protection policy please go to <https://cara.ky/privacy-policy/>.