



**LEGAL SERVICES PROVIDER
REGISTRATION FORM & GOVERNANCE AND BUSINESS ACTIVITIES QUESTIONNAIRE**

Introduction

Please complete and submit this form in accordance with the requirement under the Anti-Money Laundering Regulations (2018 Revision) (as amended) (AMLRs) of the Cayman Islands for firms of attorneys to register with the Cayman Attorneys Regulation Authority (CARA). Please note that a sole practitioner is considered to be carrying on the business of a firm of one.

In addition to your registration details, this form solicits information that will determine whether your firm is conducting relevant financial business as defined in Schedule 6 of the Proceeds of Crime Law (2019 Revision) (as amended) (POCL) of the Cayman Islands and whether that business is already supervised by another body. Information derived from this registration form will be relevant to the Cayman Islands' compliance with the FATF recommendations.

*****NB IF YOU / YOUR FIRM DOES NOT CONDUCT RELEVANT FINANCIAL BUSINESS ("RFB")¹ PLEASE COMPLETE THIS PAGE AND SECTIONS 1 AND 3 ONLY. IF YOU DO CONDUCT RFB, PLEASE ANSWER ALL SECTIONS IN THE FORM, BUT ONLY ANSWER SECTION 14 ONWARDS FROM THE PERSPECTIVE OF YOUR RFB PRACTICE / CLIENTS*****

Deadline for submission

Please complete and submit this registration form before 30 August 2019.

Declaration

I, the undersigned, hereby declare that the information that I set out in this form will be true, correct and accurate to the best of my knowledge and belief and that I understand that providing of false or misleading information to the CARA will contravene Regulation 550 of the AMLRs and will give rise to a penalty under the AMLRs.

Name:	
Title:	
Signature:	
Date:	

¹ We cannot give legal advice on whether or not you are within scope of RFB. Please see, Paragraph 14 of Schedule 6 to POCL (as amended) .

Telephone Number:	
Email address:	

1. Please provide the following details about your firm:

Name of firm:			
Trading name (if applicable):			
Legal status of firm (tick one):			
Sole practitioner <input type="checkbox"/>	Company <input type="checkbox"/>	General Partnership <input type="checkbox"/>	Other <input type="checkbox"/> Details: _____
Active Status (tick one):			
If you have selected Non-Active / Non-Practicing, please proceed to sign the Non-Active / Non-Practicing Declaration without completing the remainder of the form.	Non-Active / Non-Practicing <input type="checkbox"/>		Active / Practicing <input type="checkbox"/>
	Country of incorporation, formation, residence or establishment:		
Date of incorporation or formation:			
Principal business address:		Web address:	
Registered office (if different or if applicable):		Main telephone number:	

Names of shareholder/owner of firm holding an interest of 10% or more:	Address:	% interest:	Professional designations (if any):
Names of directors, partners or other equivalent controlling persons²:	Address:	Professional designations (if any):	
Name and position of individual completing questionnaire:			
Address:		Business Telephone:	
		Email:	

2. Please indicate which, if any, of the following services you or your firm provides, intends to provide or has provided in the last 12 months (Check all that apply)³:

Legal Services Activity:	<i>Please Tick</i>
Legal Services relating to the sale, purchase or mortgage of land or interests in land on behalf of clients or customers.	<input type="checkbox"/>

² CILPA 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.

³ The categories of RFB overlap and firms may consider it prudent to tick all boxes would could or might be applicable.

Legal Services relating to management of client money, securities or other assets.	<input type="checkbox"/>
Legal Services relating to management of bank, savings or securities accounts.	<input type="checkbox"/>
Legal Services relating to the creation, operation or management of legal persons or arrangements and buying and selling of business entities.	<input type="checkbox"/>
Legal services relating to the organization of contributions for the creation, operation or management of companies.	<input type="checkbox"/>

3. Does your firm offer legal advice in relation to the following practice areas (please also confirm the relevant percentage)⁴:

Practice Areas:	<i>Please Tick</i>	<i>%</i>
Criminal law	<input type="checkbox"/>	
Civil litigation	<input type="checkbox"/>	
Wills and estates	<input type="checkbox"/>	
Family law	<input type="checkbox"/>	
Insolvency	<input type="checkbox"/>	
Real estate	<input type="checkbox"/>	
Formations of trusts	<input type="checkbox"/>	

⁴ Please provide a percentage figure based on number of active clients (rather than time spent or fees billed / received), i.e. count the clients of record for whom a file is open. Do not include merely historical clients. Pick the most appropriate box and do not double-count. You are expected to provide a robust figure but not required to spend a disproportionate amount of time or resource on the task. Robust and reliable estimates are acceptable.

Formations of legal persons (and no other type of work) ⁵	<input type="checkbox"/>	
Mergers and acquisitions	<input type="checkbox"/>	
Structured finance	<input type="checkbox"/>	
Aircraft or shipping finance	<input type="checkbox"/>	
Investment Funds	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
If Other, please specify:		

**4. Does your firm engage in any of the following incidental activities⁶ on behalf of any person or entity?
(Indicate in the space below)**

Type of Service:	<i>Please Tick</i>
Receiving or paying funds	<input type="checkbox"/>
Accepting deposits	<input type="checkbox"/>
Holding Funds in escrow / client account(s) ⁷	<input type="checkbox"/>

⁵ We recognize that there will be overlap in these categories, so please construe formation of legal persons in a narrow sense. Only record clients here for whom no other work is done.

⁶ This does not include professional fees received or paid.

⁷ We expect to see most entities ticking this box.

Transferring funds by any other means	<input type="checkbox"/>
<i>Please specify:</i>	

5. If the firm is licensed, registered or regulated for anti-money laundering (AML) / counter-terrorism financing (CFT) / Anti-Proliferation Financing (APF) and Targeted Financial Sanctions (TFS) purposes or was in the last 3 years (other than by CARA), please state⁸:

Type of licence held or registration type	
Name and address of the applicable licensing/supervisory body	
Business activity for which the firm is registered or licensed	
Date of licensing/registration and, if applicable, licence surrender or deregistration	
Other relevant information	

6. If an affiliate of the firm such as a parent entity or subsidiary is licensed, registered or regulated as financial institutions or designated non-financial businesses and professions (e.g. Trust and Corporate Service Provider) for AML / CFT / APF / TFS purposes or was in the last 3 years (other than by CARA), please state⁹:

Name of Affiliate	
Type of License held or regulation type, etc.	
Name and address of the applicable licensing/supervisory body	

⁸ Given the recent remit of CILPA / CARA, we expect most firms will wish to enter 'N/A' in these boxes.

⁹ Given that there is no box to 'state the jurisdiction' of an affiliate, the focus of this question is 'within the Cayman Islands'. An affiliate is an entity which has common ownership above a 50% threshold.

Business activity for which the affiliate is registered or licensed	
Date of licensing/registration and, if applicable, licence surrender or deregistration	
Other relevant information	

7. How many staff members / personnel are there in your firm? Please confirm the relevant number.

Sole Practitioner:	Equity Partners ¹⁰ :	Salaried Partners ¹¹ :	Associates ¹² :
Senior Management:	Administrative ¹³ :	Other ¹⁴ :	

8. Has any beneficial owner, officer or manager or director of the firm had any professional disciplinary findings against them in any jurisdiction:

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

9. Has any beneficial owner¹⁵, officer or manager or director of the firm had any criminal convictions (other than minor traffic matters dealt with by way of a fine / points)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

10. Has any beneficial owner, officer or 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	<input type="checkbox"/>
No	<input type="checkbox"/>

¹⁰ Or equity participant in a firm

¹¹ Or equivalent

¹² i.e. any lawyers not in a previous category

¹³ Support staff such as secretaries or corporate administrators

¹⁴ We do not expect to see this category used often

¹⁵ A natural person who ultimately owns or controls 10% of the shares or voting rights in the firm.

11. If you answered yes to question 8, 9 or 10, please provide details:

Please specify:

12. What best describes your firm?

Descriptions:	<i>Please Tick</i>
Domestic Firm	<input type="checkbox"/>
International / Multi-Jurisdictional Firm ¹⁶	<input type="checkbox"/>
Internationally Affiliated Firm ¹⁷	<input type="checkbox"/>
Other	<input type="checkbox"/>
<i>If Other please specify:</i>	

13. If you answered International / Multi-Jurisdictional Firm OR Internationally Affiliated Firm in question 12, please confirm in which jurisdictions outside of the Cayman Islands your firm has a presence or an established office.

Please specify:

*****NB ONLY ANSWER QUESTIONS FROM 14 ONWARDS FROM THE PERSPECTIVE OF YOUR RFB PRACTICE/CLIENTS*****

¹⁶ The test here is common ownership, at the 50% threshold.

¹⁷ This is a question about branding / marketing.

14. How many active clients¹⁸ did your firm have as at 31 July 2019?

1+ <input type="checkbox"/>	10+ <input type="checkbox"/>	100+ <input type="checkbox"/>	1000+ <input type="checkbox"/>	5000+ <input type="checkbox"/>
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15. How have your clients been risk assessed? Please insert the relevant number of clients¹⁹.

Low (or equivalent)	
Medium or equivalent	
High (or equivalent)	
Unknown or in progress	

16. How many clients for which you undertake RFB are themselves conducting their principal business in potentially "high risk" industries? Please insert the relevant number of clients²⁰.

Oil or Gas	
Mining or Natural Resources	
Shipping	
Crypto Currencies	
Defence Procurement Manufacturing Services	
Online Businesses ²¹	
Casinos / Lotteries	

¹⁸ Active clients are clients of record in respect of whom a file is open.

¹⁹ You are expected to have identified your 'high risk' clients either individually or by clustering. We will expect greater clarity on the distinction between low and medium categories as your risk-based approach is developed over time. If you have not completed such an exercise, please count in 'unknown or in progress'.

²⁰ We would usually expect you to categorise the business of funds as 'investment', rather than those listed above. By contrast, you should consider whether a 'Hold-Co' (e.g. for an oil business) is part of the ownership and control structure for that business, such that it is integral to it, and should be counted in the above list.

²¹ Not every business with a website is a high-risk online business which must be counted here. By contrast, platforms which allow the exchange of value between non face to face customers would be high risk and should be counted.

Retail Businesses	
Import / Export	
Manufacturing²²	
Real Estate	

17. How many clients, beneficial owners of clients or controllers of clients are classified as politically exposed persons as defined in the AMLRs? Please insert the relevant number of clients²³.

Domestic	
Foreign	
Unknown or in progress	

18. What are the structures of your clients? Please confirm the relevant number.

Natural persons:	Financial corporations ²⁴ :	Other corporations: ²⁵
Trusts and other legal arrangements:	Partnerships:	Other:

19. Please list your top ten countries of domicile of your clients²⁶.

²² The question is aimed at counting only high-risk manufacturing sectors.

²³ Meaning active clients of record for whom the file is opened.

²⁴ Financial corporations are banks, investment funds, securities dealers/brokers, administrators, and insurance companies.

²⁵ Other corporations are any other legal persons in any industry, such as retail, shops and construction.

Countries:	% of Clients
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

20. What are the delivery channels of your clients²⁷? Please confirm the relevant percentage²⁸.

Known / face to face:	Local intermediary:	International non-professional intermediary:
International professional intermediary ²⁹ :	Unsolicited business / non face to face:	Other:

²⁶ **The question is aimed at establishing the location of the party who originally conceived and commercially drove the establishment of the vehicle. If that has changed significantly, the question can be answered by reference to the current jurisdiction from which the entity is functionally controlled.**

²⁷ This question is asking about the genesis of the professional relationship, how did you initially meet and contract with the customer?

²⁸ Answers may include a robust and reliable estimate.

²⁹ Including an instructing lawyer

21. When conducting transactions³⁰, does your firm accept or handle cash, e.g. notes, coins, travellers' cheques?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

22. If you answered yes to 21, please indicate how many cash transactions exceeding \$2000 you have handled within the past 12 months (*select one*).

0	<input type="checkbox"/>	1+	<input type="checkbox"/>	10+	<input type="checkbox"/>	100+	<input type="checkbox"/>	1000+	<input type="checkbox"/>
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23. Have you implemented anti-money laundering (AML) compliance processes?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

24. Have you implemented combatting terrorist financing (CFT) compliance processes?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

25. Have you implemented anti-proliferation financing (APF) compliance processes?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

26. Have you implemented targeted financial sanctions (TFS) compliance processes?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

³⁰ Transactions here mean professional fees in the context of RFBs, Cash does not include electronic transfers.

27. Have you implemented processes to enable all staff members³¹ (if any) to report suspicious activity to a nominated person / money laundering reporting officer (MLRO)?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
N/A	<input type="checkbox"/>

28. Have you appointed an anti-money laundering compliance officer (AMLCO) specifically responsible for your AML/CFT/APF/TFS compliance processes?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

29. If you answered yes to question 28, provide AMLCO's name and contact information.

Name of AMLCO:
Contact Detail:

30. Have you appointed a MLRO?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

31. If you answered yes to question 30, provide the MLRO's name and contact information.

Name of MLRO:
Contact Detail:

32. Have you appointed a Deputy Money Laundering Reporting Officer ("DMLRO")?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
N/A	<input type="checkbox"/>

³¹ Staff members will include members of senior management, partners and all other relevant employees.

33. If you answered yes to question 32, provide the DMLRO's name and contact information.

Name of DMLRO:
Contact Detail:

34. Have you conducted a practice risk assessment as to AML/CFT/APF/TFS vulnerabilities? If so, please provide a copy.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

35. Do you manually or automatically search for clients' names in targeted financial sanctions list when the lists are updated?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

36. Do you manually or automatically search clients' names against targeted financial sanctions lists routinely?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

37. Have you implemented a process to review your AML/ CFT / APF / TFS compliance policies?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

38. If you answered yes to 37, when was the review last completed?

Month:	
Year:	

39. Are the results of the review documented?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

40. Does your company participate in training for AML/CFT / APF and TFS purposes?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

41. If you answered yes to 40, please indicate dates and topics of last two AML/CFT/APF/TFS training sessions.

Dates	Topics
1.	1.
2.	2.

PRACTICING / ACTIVE DECLARATION (if applicable)

On behalf of the firm, I confirm:

- a. I have read and taken advice where necessary to understand the POCL and AMLRs,
- b. The information provided in this form is true, complete and accurate at the time submitted,
- c. The firm is compliant with the Legal Practitioners Law, Regulations and Code of Conduct where applicable as at the date of registration, and
- d. That the firm acknowledges the authority of CARA to share information with other Supervisory Bodies and Competent Authorities as provided in the AMLRs.

Name:	
Title:	
Signature:	
Date:	
Telephone Number:	
Email address:	

NON-PRACTICING / NON-ACTIVE DECLARATION (if applicable)

I / We confirm / acknowledge:

- a. I am no longer practicing Cayman Islands law as a sole practitioner or the firm is no longer actively engaged in the provision of Cayman Islands legal services,
- b. The information provided in this form is true, complete and accurate at the time submitted,
- c. the authority of CARA to share information with other Supervisory Bodies and Competent Authorities as provided in the AMLRs.

Name:	
Title:	
Signature:	
Date:	
Telephone Number:	
Email address:	