

ACCOUNTANCY FIRM REGISTRATION FORM & GOVERNANCE AND BUSINESS ACTIVITIES QUESTIONNAIRE

Please complete the following form and submit to Samantha.Bartlett@ciipa.ky. The 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 and whether that business is already supervised by another body. This process and the information derived will be relevant to the Cayman Islands' compliance with the FATF recommendations.

NAME OF BUSINESS	
Sole practitioner	Company Partnership
Country of incorporation, formation or residence	
Date of incorporation or formation	
Principal Business Address	Web address
Registered office if different	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 controlling persons	Address	Professional designations (if any)	

Name and position of individual completing questionnaire:	
Address:	Business Telephone:
	Email:

1. Please indicate which, if any, of the following services your Firm provides, has provided in the last 2 years and/or if intends to provide. Tick all that apply:

Activity	<i>Provide/Provided in last 2 years</i>	<i>Intend to provide</i>
a. Accounts Compilation		
b. Assurance including Audit		
c. Bookkeeping		
d. Business Advisory in relation to mergers and acquisitions or the issue of securities		
e. Company Formation and Management not already licensed by Cayman Islands Monetary Authority		
f. Insolvent and solvent liquidation services		
g. Management of client bank accounts including effecting transactions from client accounts with either partial or complete authorisation.		
h. Safekeeping of funds on behalf of others including holding client funds in the Firm's escrow bank account		
i. Tax advisory/Compliance		
j. Prepare reports for transfer of strata interests (section 6(4) Strata Law)		

LICENSING INFORMATION

If the Firm is licensed, registered or regulated or was in the last 3 years (other than by CIIPA), please state:

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 de-registration	
Other relevant information	

2. How many personnel are there in your Firm?

Senior Management	
Other	
Administrative	

3. What best describes your Firm?

Descriptions:	<i>Please Tick</i>
Franchise	
Network	
Both – Franchise/Network	
Independent Office	
Other	
<i>If Other please specify:</i>	

4. When conducting transactions, does your Firm handle cash, e.g. notes, coins, travellers' cheques whether for its own account or its clients?

Yes	
No	

5. If you answered yes to 4. please indicate how many cash transactions exceeding \$2000 you have handled within the past 12 months (select one).

1+	10+	100+	1000+
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6. Have you implemented the following processes in your firm:

a. anti-money laundering (AML),	Yes	No
b. combatting terrorist financing,	Yes	No
c. combatting proliferation financing	Yes	No
d. compliance with targeted financial sanctions	Yes	No

7. Have you appointed a compliance officer specifically responsible for your AML/CFT compliance processes?

Yes	
No	

8. If you answered yes to question 7 provide the compliance officer's name and contact information.

Name of Compliance Officer:
Contact Detail:

9. Have you appointed a Money Laundering Reporting Officer?

Yes	
No	

10. If you answered yes to question 10 provide the MLRO's names and contact information.

Name of MLRO:
Contact Detail:

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

Yes	
No	

12. If you answered yes to question 11 provide the DMLRO's names and contact information.

Name of DMLRO:
Contact Detail:

13. Have you implemented a process to review your AML compliance policies and procedures to assess their effectiveness?

Yes	
No	

Day/Month:	
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14. If you answered yes to 13. when was the review last completed?

Year:	
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15. Are the results of the review documented?

Yes	
No	

16. Does your company participate in training for AML/CFT purposes?

Yes	
No	

17. If you answered yes to 16. Please indicate dates of last two AML/CFT training sessions.

1.	
2.	

DECLARATION

On behalf of the Firm I confirm:

- a. I have read and taken advice where necessary to understand the Proceeds of Crime Law and the AML Regulations,
- b. The information provided in this form is true, complete and accurate at the time submitted,
- c. The Firm will notify CIIPA by emailing an updated version of [this form](#) to Samantha.Bartlett@ciipa.ky within 15 days, when services listed in section 1 are *provided* or *will be provided* which is not already indicated, regardless of whether the firms indicated it *intended to provide* the services to require form to be submitted on changes.
- d. The Firm's compliance with the Accountants Law, Regulations and Rules where applicable as at the date of application for registration, and
- e. That the Firm acknowledges the authority of CIIPA to share information with other Supervisory and Competent Authorities as provided in the AML Regulations.

Name	
Title	
Signature	
Date	
Telephone Number	
Email address	