

ACCOUNTANCY FIRM RENEWAL AND GOVERNANCE AND BUSINESS ACTIVITIES QUESTIONNAIRE

Please complete the following form and submit to Samantha.Bartlett@ciipa.ky. 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
Address:		Business Telephone:

Name of Compliance Officer:	Contact Detail:
Name of MLRO:	Contact Detail:
Name of DMLRO:	Contact Detail:

Please indicate which, if any, of the following services your Firm provides, or has provided in the last 2 years and/or if it 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)		

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.
- 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/Position	
Signature	
Date	
Telephone Number	
Email address	