



REEFS Form Completion Guide

Application for SIBL Registered Person

(Ref: APP-101-75)

Document version: 2.0

Revision History:

Effective Date	Version Number	Revision Description
2 Jul 2019	1.0	Initial release of documentation
10 Jan 2020	2.0	Formatting changes

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1 INTRODUCTION

Regulatory **E**nhanced **E**lectronic **F**orms **S**ubmission (REEFS), is an online portal for electronic submission of required financial services information to the Cayman Islands Monetary Authority (“the Authority”) as well as providing payments information where applicable.

2 FORM INFORMATION

Form APP-101-75 is to be completed by new registrants applying to act as a registered person pursuant the Securities Investments Business Law (as Revised).

3 ACCESSING AND SUBMITTING THE FORM

In REEFS, roles are required to be assigned to allow users to perform certain tasks (assigned in the Workflow). These roles give the users permission to prepare, edit, approve, review and submit etc. based on Workflows.

Click [here](#) for guidance on how to create User accounts, Assign Roles and details of Workflows

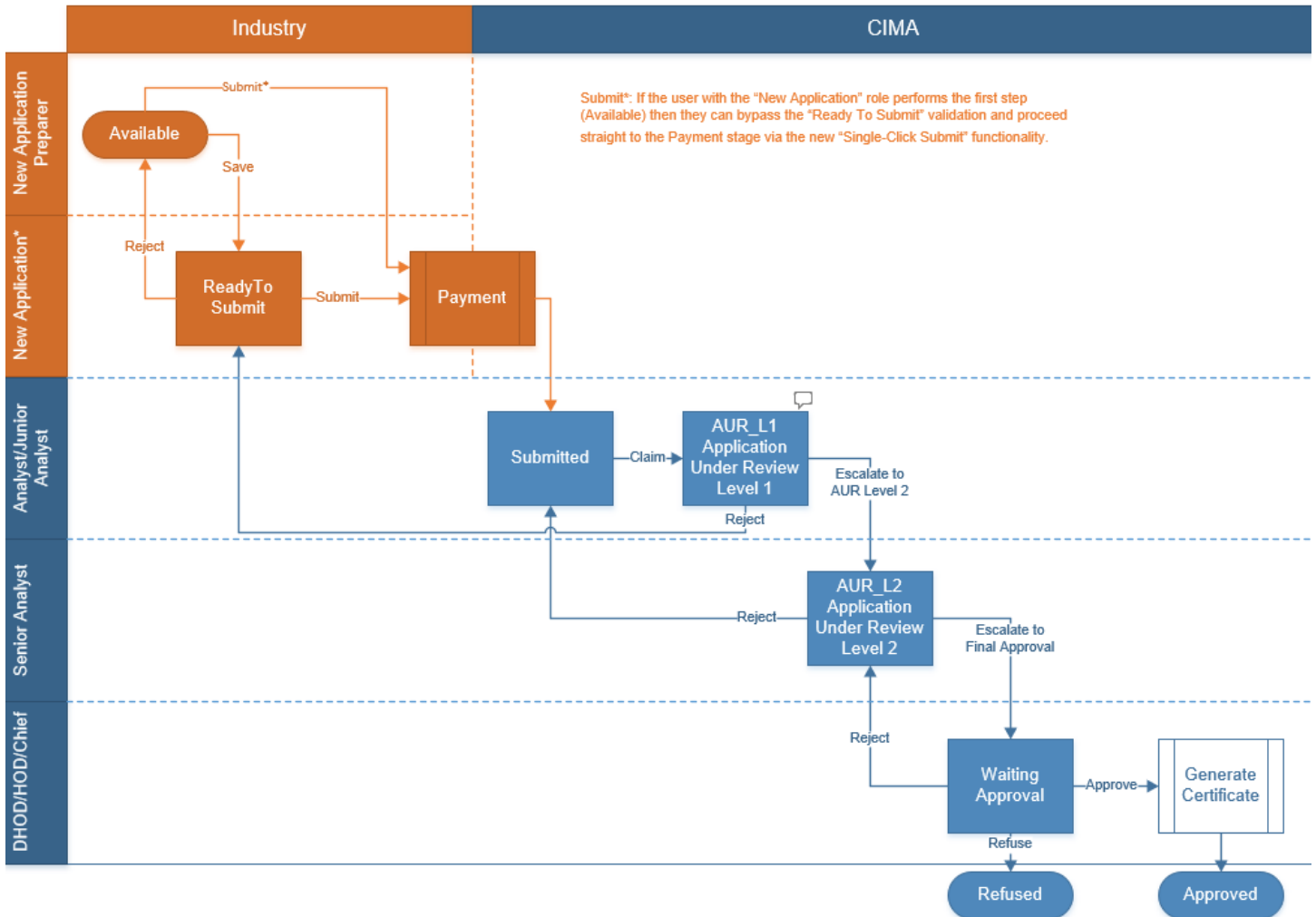
3.1 ROLES REQUIRED FOR APP-101-75

The following roles are required for access to this form:

- New Application Preparer role
- New Application role

3.2 WORKFLOW USE FOR APP-101-75

The following Workflow is associated with APP-101-75. It outlines the steps that must be followed on both the **Industry**-side and the **Authority**-side for preparation, review, submission etc of the form. All steps in the workflow must be complete (validated multiple times) even if one user has inherited roles and can perform all steps in the workflow.



Industry-side:

1. The 'New Application Preparer' prepares the data
 - a. Once the data has been entered the 'New Application Preparer' can 'Validate' the data, and then either **Save** or delete all the data
 - i. If **Save** is selected, the status of the of the application changes to **Ready to Submit**
 - ii. The application is ready for review by the "New Application" role
 1. Once the 'New Application' role has reviewed the data they can then 'Validate' the data once again
 - a. Once the data has been validated the options to either **Submit** or **Reject** becomes available
 - b. If **Reject** is selected, the data is then returned to the 'New Application Preparer' for further review

- c. If the **Submit** option is selected, it then goes to the **Payment** processor (if it is applicable)
 - i. The status of the application then changes to **Submitted**

Authority-side:

1. Once the application has been **Submitted** to the Authority, an Analyst can then **Claim** the submission to begin the review process.
 - a. Once the application has been **Claimed**, the status of the application changes to **Application Under Review (Level 1) ("AUR_L1")**
 - i. The application is then reviewed and validated by the Analyst
 1. If the application is **Rejected** by the Analyst, it is returned to industry to be resubmitted
 2. If the application is accepted, it is escalated to the second level of review by a Senior Analyst, and the application status changes to **Application Under Review (Level 2) ("AUR_L2")**
 - i. If the application is **rejected** by the Senior Analyst, it is returned to the Analyst for further review
 - ii. If the application is accepted it is escalated up to a Chief Analyst for final approval, and the application status changes to **Waiting Final Approval**
 1. If the application is **rejected** by the Chief Analyst, it is returned to the Senior Analyst for further review
 2. If the application is **approved** a **Certificate is generated** and the status of the application changes to **Approved**
 3. If the application is not approved, the status of the application changes to **Refused**

3.3 SUBMITTING / RESUBMITTING

Pending

3.4 APPLICABLE FEES

There is a fee of **KYD \$5,000** associated with this form

4 COMPLETION INSTRUCTIONS

Schedule A - General			
ID	Label	Instructions	Validation Rule
A01	Name	Enter the name of the Applicant as it appears on the Certificate of Incorporation.	Mandatory field
A01a	Requested Registration Effective Date	Use the date picker tool to select the date that the application is being submitted. (It should be noted that the registration effective date is no longer determined by the Applicant and is now based on the date which the Authority has completed its review of the application. It may take up to 6 weeks for the Authority to finalize its review of an application, once all required/requested information is provided by the Applicant).	Mandatory Field
A01b	Has the Applicant been incorporated in the Cayman Islands by a different name?	Indicate by selecting 'Yes' or 'No', whether the Applicant has been incorporated in the Cayman Islands with a different name. If 'Yes' is selected, please complete A01c with the previously incorporated name(s)	Mandatory field
A01c	Previous Name(s)	If you have selected 'Yes' in response to A01b , please provide all the former names in which the Applicant was previously known by, with the General Registry/Registrar of Companies.	Mandatory field.
A01d	Date of Formation	Use the date picker tool to select the date of formation as it appears on the Certificate of Incorporation.	Mandatory field
A01e	Place of Formation	Select the jurisdiction of the Applicant's formation from the drop-down list	Mandatory field
A01f	Legal Structure	Select the Legal Structure as indicated on the Certificate of Incorporation from the drop-down list	Mandatory field
A01g	Company Registration Number	Enter the registration number of the Applicant. For entities incorporated in the Cayman Islands, this number is on the top left-hand corner of the Certificate of Incorporation.	Optional field
A01h	Legal Entity Identifier	If the Applicant has an additional Legal Identifier, please include. If not, please state 'n/a'.	Optional field
A01i	Attach Certificate of Incorporation	Attach a copy of the Certificate of Incorporation and any other Certificate of Incorporation on Change of Name certificates. Use the 'Browse' button to select a copy of the Certificate of Incorporation and upload it.	Mandatory Attachment
On what basis does the Applicant qualify for exemption?			
A02	Schedule 4 Paragraph 1 of the Law	Select 'Yes' or 'No' if the Applicant is a company within a group of companies carrying on securities investment business exclusively for one or more companies within the same group. See section 5(4) and schedule 4, paragraph 1 of the Securities Investment Business Law (2019 Revision) ("SIBL"). If 'Yes' is selected, A02i-iv will become accessible	Mandatory field
A02i-iv	Individual Companies within the Group		
A02i	Name of Group Company	Provide the name of the Group Head or Affiliate.	Optional field
A02ii	Principal Activity	Describe the principal activity of the Group Head or Affiliate.	Optional field
A02iii	Country of Incorporation/ Establishment	Select the jurisdiction of incorporation/establishment from the drop-down list	Optional field
A02iv	Relationship	Select whether entity is the Group Head or an Affiliate from the drop-down list	Optional field
A03	Schedule 4 Paragraph 2 of the Law	Select 'Yes' or 'No' if the Applicant is a person carrying on securities investment business for the following classes of persons: (a) a sophisticated person; and/or (b) a high net worth person; and/or (c) a company, partnership or trust (whether or not regulated as a mutual fund) of which	Mandatory field

		the shareholders, unit holders or limited partners are one or more persons falling within (a) or (b).	
A04	Schedule 4 Paragraph 3 of the Law	Select 'Yes' or 'No' if the Applicant is regulated by a recognised Overseas Regulatory Authority in the country or territory in which the securities investment is being conducted, and in connection with the exclusion. If 'Yes' is selected, A04a , A04b and A04c will become accessible.	Mandatory field
A04a	Conducting securities investment business in	If you have selected 'Yes' in response to A04, please select the Country in which the Applicant is conducting securities investment business in and is regulated by a recognised Overseas Regulatory Authority.	Mandatory field
A04b	Regulated by recognized overseas regulatory authority	Select the recognised regulatory authority from the drop-down list.	Mandatory field
A04c	Name of Regulatory Authority Contact Person	If you have selected a regulatory body in response to A04b , provide the name of a contact person with whom the Authority may contact.	Optional field
A05	Services Provided/Offered		
A05i-ii	Securities Advisor	Please select 'Yes' or 'No' if the Applicant is providing advisory services and enter the applicable number of clients to which services were provided within the last 12 months. Please indicate '0' if none.	Mandatory field
A06i-ii	Securities Manager	Please select 'Yes' or 'No' if the Applicant is acting as a Manager and enter the applicable number of clients to which services were provided within the last 12 months. Please indicate '0' if none.	Mandatory field
A07i-ii	Securities Arranger	Please select 'Yes' or 'No' if the Applicant is acting as an Arranger and enter the applicable number of clients to services were provided within the last 12 months. Please indicate '0' if none.	Mandatory field
A08i-ii	Broker Dealer	Please select 'Yes' or 'No' if the Applicant is acting as a Broker/Dealer and enter the applicable number of clients to which services were provided within the last 12 months. Please indicate '0' if none.	Mandatory field
A09	Client List	Use the 'Browse' button to attach the list of the names of all clients included in A05i-ii through A08i-ii above (<u>In Excel format</u>). Each client should be categorized on this list as either private or professional per The Securities Investment Business (Conduct of Business) Regulations 2003.	Mandatory field
Schedule B - Service Providers			
Principal Contact			
B01	Name of Individual assigned	Provide the name of the individual assigned as principal contact for the Applicant.	Mandatory field
B02	Title	Provide the title or position of the Principal Contact within the organisation.	Mandatory field
B03	PO Box	The P.O. Box of the organisation is mandatory if the country being entered in B07 is 'Cayman Islands'.	Optional field
B04	Street Address	Provide the building name/number, street name and suite number of individual's office/principal place of business.	Mandatory field
B05	City	Provide the name of city or municipality of individual's office/principal place of business.	Mandatory field
B06	State / Province	Provide the state or province of individual's office/principal place of business.	Optional field
B07	Country	Select country of individual's office/principal place of business from drop down list.	Mandatory field
B08	Zip / Postal Code	Provide the Zip/postal code of individual's office/principal place of business.	Mandatory field
B09	Phone Number	Provide the phone number (with area/country code and extension as applicable) of individual's office/principal place of business.	Mandatory field
B10	Facsimile Number	Provide the facsimile number (with area/country code) of individual's office/principal place of business.	Optional field
B11	E-mail Address	Provide the Email address of the individual.	Mandatory field
Registered Office			
B12	Name of Firm	Select the Registered Office of the Applicant from the drop-down list	Mandatory field
Directors/Principals of the GP/Managing Members			
B13i-vi	For all Directors or those acting in an equivalent capacity, provide the Name, Date of Birth and Country of Birth. If the individual has a CIMA ID# (unique seven-digit ID issued by the Authority), you are only required to enter the First and Last Names and the Director ID. To add more fields, please use the '+' or '-' buttons at the end of the row.		

B13i	Title	Select the appropriate title from the drop-down list.	Optional field
B13ii	First Name	Provide the first name of the individual.	Optional field
B13iii	Last Name	Provide the last name of the individual.	Optional field
B13iv	Director ID (if known)	Provide the Director ID# if known. If the Director ID# is known, only the First and Last Names are required.	Optional field
B13v	Date of Birth	Use the date picker tool to enter the date of birth	Optional field
B13vi	Country of Birth	Select the Country of Birth using the drop-down list	Optional field
Senior Officers, Managers (excluding MLRO, DMLRO and Anti-Money Laundering Compliance Officer)			
B14i-vi	For any relevant Senior Officers or those acting in an equivalent capacity, provide the First Name, Last Name, CIMA ID (if known), date of birth and country of birth. If the CIMA ID is known, please enter the First and Last Names only. To add more fields, please use the '+' or '-' buttons at the end of the row.		
B14i	Title	Select the appropriate title from the drop-down list.	Optional field
B14ii	First Name	Provide the first name of the individual.	Optional field
B14iii	Last Name	Provide the last name of the individual.	Optional field
B14iv	CIMA ID (if known)	Provide the CIMA ID# if known. If the CIMA ID# is known, only the First and Last Names are required.	Optional field
B14v	Date of Birth	Use the date picker tool to enter the date of birth	Optional field
B14vi	Country of Birth	Select the Country of Birth using the drop-down list	Optional field
Shareholders– List all shareholders who are natural persons			
B15i-vii	For all Shareholders holding more than 10%, who are natural persons only, please provide the First Name, Last Name, CIMA ID (if known), Date of birth and country of birth. If the CIMA ID is known, please enter the First and Last Names only. To add more fields, please use the '+' or '-' buttons at the end of the row.		
B15i	Title	Select the appropriate title from the drop-down list.	Optional field
B15ii	First Name	Provide the first name of the individual.	Optional field
B15iii	Last Name	Provide the last name of the individual.	Optional field
B15iv	CIMA ID (if known)	Provide the CIMA ID# if known. If the CIMA ID# is known, only the First and Last Names are required.	Optional field
B15v	Date of Birth	Use the date picker tool to enter the date of birth	Optional field
B15vi	Country of Birth	Select the Country of Birth using the drop-down list	Optional field
B15vii	Personal Questionnaire	Use the 'Browse' button to Upload a completed copy of the Shareholder's Personal Questionnaire, along with certified copies of photo identification for all beneficial owners with ten percent or more of the Applicant and documentation evidencing the reviews conducted by your firm to ascertain whether or not there is any negative/adverse information against any beneficial owner with ten (10) percent or more ownership of the Applicant (i.e. proof of independent source searches conducted from World Check or similar internationally accepted screening databases, Regulatory Data Corp and/or Google). In addition, provide written attestations in relation to whether or not any of the beneficial owners of the Applicant are Politically Exposed Persons	Optional field
Corporate Shareholders– list all corporate shareholders to the SIBL EP and the ultimate beneficial owner of each corporate entity			
B16i-viii	For all Corporate Shareholders, please select the type of company structure, the country of incorporation, the date of incorporation, provide the First and Last Names of the Ultimate Beneficial Owner of the Corporate Shareholder who own more than 10%, along with their CIMA ID (if known) and Personal Questionnaire. If the ultimate beneficial owner is known to the Authority, you only need to enter the First and Last Names and the CIMA ID. If there is more than one ultimate beneficial owner, please use the '+' to add more rows.		
B16i	Entity Name	Provide the full legal name of the Corporate Shareholder.	Optional field
B16ii	Type of Structure	Select the type of structure from the drop-down list.	Optional field
B16iii	Country of Incorporation	Select the country of incorporation from the drop-down list.	Optional field
B16iv	Date of Incorporation	Use the date picker tool to select the date of incorporation.	Optional field
B16v	Ultimate Beneficial Owner First Name	Provide the First Name of the Ultimate Beneficial Owner of the Corporate Shareholder.	Optional field

B16vi	Ultimate Beneficial Owner Last Name	Provide the Last Name of the Ultimate Beneficial Owner of the Corporate Shareholder.	Optional field
B16vii	CIMA ID (if known)	Provide the CIMA ID# if known. If the CIMA ID# is known, only the First and Last Names are required.	Optional field
B16viii	Personal Questionnaire of the Ultimate Beneficial Owner	Use the 'Browse' button to upload the Personal Questionnaire of the Ultimate Beneficial Owner.	Optional field
B17	Attach Register of Directors	Use the 'Browse' button to upload a copy of the Register of Directors or equivalent register which reflects those who act in a similar capacity to a Director	Optional field
B18	Attach Register of Members/ Shareholders/ Managing Members	Use the 'Browse' button to upload a copy of the Register of Members/Shareholders/Managing Members or equivalent register which reflects all of the beneficial owners and any ultimate beneficial owners of the Applicant.	Optional field
B19	Attach Organizational Chart	Use the 'Browse' button to upload a comprehensive organizational chart, in pictorial format, which clearly outlines whether the Applicant operates as a single structure or has affiliates (both financial and non-financial) by way of common ownership. For each affiliate, the Applicant is required to provide the following: <ul style="list-style-type: none"> • name of the entity • the jurisdiction of incorporation • nature of business; and • the name of the Regulatory Body who has oversight of the Affiliate's business, if applicable. 	Optional field

Schedule C – AML Officer

Details of Anti-Money Laundering Compliance Officer (AMLCO):

C01	CIMA ID (if known)	If the AMLCO has already been issued a unique 7-digit CIMA ID by the Authority, e.g. director ID, please enter it to avoid having to provide full information below.	Optional field
C02	Prefix	Select from the drop-down list as appropriate.	Optional field
C03	First Name	The AMLCO's first name is mandatory, even if their CIMA ID has been entered above. It should match the name on his/her passport.	Mandatory field
C04	Middle Name	Provide the Middle name if applicable; it should match the name on his/her passport	Optional field
C05	Last Name	The AMLCO's last name is mandatory, even if their CIMA ID has been entered above. It should match the name on his/her passport.	Mandatory field
C06	Date of Birth	Use the date picker to Select date of birth as noted on his/her passport.	Optional field
C07	Country of Birth	Select date of birth as noted on his/her passport from the drop-down list	Optional field
C08	Gender	Select as appropriate using the drop-down list	Optional field
C09	Other names (Aliases)	If the AMLCO is or has been known by any names other than those entered in the first and last name fields above, please provide those aliases here.	Optional field
C10	Occupation Title	Provide the individual's current position with his/her employer.	Optional field
C11	Employer	Provide the legal name of the individual's employer.	Optional field
C12	PO Box	The P.O. Box is mandatory if the country being entered in C16 is 'Cayman Islands'.	Optional field
C13	Street Address	Provide the building name/number, street name and suite number of individual's office/principal place of business.	Optional field
C14	City	Provide the name of city or municipality of individual's office/principal place of business	Optional field
C15	State Province	Provide the State or province of individual's office/principal place of business.	Optional field
C16	Country	Select the country of individual's office/principal place of business from drop down list.	Optional field
C17	Zip/Postal Code	Provide the Zip/Postal code of individual's office/principal place of business	Optional field
C18	Phone Number	Provide the Phone number (with area/country code and extension as applicable) of individual's office/principal place of business.	Optional field

C19	Facsimile Number	Provide the Facsimile number (with area/country code) of individual's office/principal place of business.	Optional field
C20	Email Address	Provide the email address of the individual	Optional field
C21	CV/Resume	Use the 'Browse' button to upload a copy of the AMLCO's CV/Resume.	Optional field
C22i-iv	Qualifications		
C22i	Description	Provide the name of the qualification obtained, for example ACAMS, Series 7 etc.	Optional field
C22ii	Date	Use the date picker tool to select the date the qualification was obtained.	Optional field
C22iii	Accrediting Body	Provide the name of the Accrediting Body.	Optional field
C22iv	Type	Select whether this is an academic or professional qualification from the drop-down list	Optional field
Details of Deputy Anti-Money Laundering Compliance Officer (Deputy AMLCO):			
C23	CIMA ID (if known)	If the Deputy AMLCO has already been issued a unique 7-digit CIMA ID by the Authority, e.g. director ID, please enter it to avoid having to provide full information below.	Optional field
C24	Prefix	Select from the drop-down list as appropriate.	Optional field
C25	First Name	The Deputy ALMCO's first name is mandatory, even if their CIMA ID has been entered above. It should match the name on his/her passport.	Mandatory field
C26	Middle Name	Provide the Middle name if applicable; it should match the name on his/her passport	Optional field
C27	Last Name	The Deputy ALMCO's last name is mandatory, even if their CIMA ID has been entered above. It should match the name on his/her passport.	Mandatory field
C28	Date of Birth	Use the date picker to Select date of birth as noted on his/her passport.	Optional field
C29	Country of Birth	Select date of birth as noted on his/her passport from the drop-down list	Optional field
C30	Gender	Select as appropriate using the drop-down list	Optional field
C31	Other names (Aliases)	If the Deputy AMLCO is or has been known by any names other than those entered in the first and last name fields above, please provide those aliases here.	Optional field
C32	Occupation Title	Provide the individual's current position with his/her employer.	Optional field
C33	Employer	Provide the legal name of the individual's employer.	Optional field
C34	PO Box	The P.O. Box is mandatory if the country being entered in C38 is 'Cayman Islands'.	Optional field
C35	Street Address	Provide the building name/number, street name and suite number of individual's office/principal place of business.	Optional field
C36	City	Provide the name of city or municipality of individual's office/principal place of business	Optional field
C37	State Province	Provide the State or province of individual's office/principal place of business.	Optional field
C38	Country	Select the country of the individual's office/principal place of business from drop down list.	Optional field
C39	Zip/Postal Code	Provide the Zip/Postal code of individual's office/principal place of business	Optional field
C40	Phone Number	Provide the Phone number (with area/country code and extension as applicable) of individual's office/principal place of business.	Optional field
C41	Facsimile Number	Provide the Facsimile number (with area/country code) of individual's office/principal place of business.	Optional field
C42	Email Address	Provide the email address of the individual	Optional field
C43	CV/Resume	Use the 'Browse' button to upload a copy of the Deputy AMLCO's CV/Resume.	Optional field
C44i-iv	Qualifications		
C44i	Description	Provide the name of the qualification obtained, for example ACAMS, Series 7 etc.	Optional field
C44ii	Date	Use the date picker tool to select the date the qualification was obtained.	Optional field
C44iii	Accrediting Body	Provide the name of the Accrediting Body.	Optional field
C44iv	Type	Select whether this is an academic or professional qualification from the drop-down list	Optional field

Details of Money Laundering Reporting Officer (MLRO):			
C45	CIMA ID (if known)	If the MLRO has already been issued a unique 7-digit CIMA ID by the Authority, e.g. director ID, please enter it to avoid having to provide full information below.	Optional field
C46	Prefix	Select from the drop-down list as appropriate.	Optional field
C47	First Name	The MLRO's first name is mandatory, even if their CIMA ID has been entered above. It should match the name on his/her passport.	Mandatory field
C48	Middle Name	Provide the Middle name if applicable; it should match the name on his/her passport	Optional field
C49	Last Name	The MLRO's last name is mandatory, even if their CIMA ID has been entered above. It should match the name on his/her passport.	Mandatory field
C50	Date of Birth	Use the date picker to Select date of birth as noted on his/her passport.	Optional field
C51	Country of Birth	Select date of birth as noted on his/her passport from the drop-down list	Optional field
C52	Gender	Select as appropriate using the drop-down list	Optional field
C53	Other names (Aliases)	If the MLRO is or has been known by any names other than those entered in the first and last name fields above, please provide those aliases here.	Optional field
C54	Occupation Title	Provide the individual's current position with his/her employer.	Optional field
C55	Employer	Provide the legal name of the individual's employer.	Optional field
C56	PO Box	The P.O. Box is mandatory if the country being entered in C60 is 'Cayman Islands'.	Optional field
C57	Street Address	Provide the building name/number, street name and suite number of individual's office/principal place of business.	Optional field
C58	City	Provide the name of city or municipality of individual's office/principal place of business	Optional field
C59	State Province	Provide the State or province of individual's office/principal place of business.	Optional field
C60	Country	Select the country of the individual's office/principal place of business from drop down list.	Optional field
C61	Zip/Postal Code	Provide the Zip/Postal code of individual's office/principal place of business	Optional field
C62	Phone Number	Provide the Phone number (with area/country code and extension as applicable) of individual's office/principal place of business.	Optional field
C63	Facsimile Number	Provide the Facsimile number (with area/country code) of individual's office/principal place of business.	Optional field
C64	Email Address	Provide the email address of the individual	Optional field
C65	CV/Resume	Use the 'Browse' button to upload a copy of the MLRO's CV/Resume.	Optional field
C66i-iv	Qualifications		
C66i	Description	Provide the name of the qualification obtained, for example ACAMS, Series 7 etc.	Optional field
C66ii	Date	Use the date picker tool to select the date the qualification was obtained.	Optional field
C66iii	Accrediting Body	Provide the name of the Accrediting Body.	Optional field
C66iv	Type	Select whether this is an academic or professional qualification from the drop-down list	Optional field
Details of Deputy Money Laundering Reporting Officer (Deputy MLRO):			
C67	CIMA ID (if known)	If the Deputy MLRO has already been issued a unique 7-digit CIMA ID by the Authority, e.g. director ID, please enter it to avoid having to provide full information below.	Optional field
C68	Prefix	Select from the drop-down list as appropriate.	Optional field
C69	First Name	The Deputy MLRO's first name is mandatory, even if their CIMA ID has been entered above. It should match the name on his/her passport.	Mandatory field
C70	Middle Name	Provide the Middle name if applicable; it should match the name on his/her passport	Optional field
C71	Last Name	The Deputy MLRO's last name is mandatory, even if their CIMA ID has been entered above. It should match the name on his/her passport.	Mandatory field
C72	Date of Birth	Use the date picker to Select date of birth as noted on his/her passport.	Optional field
C73	Country of Birth	Select date of birth as noted on his/her passport from the drop-down list	Optional field

C74	Gender	Select as appropriate using the drop-down list	Optional field
C75	Other names (Aliases)	If the Deputy MLRO is or has been known by any names other than those entered in the first and last name fields above, please provide those aliases here.	Optional field
C76	Occupation Title	Provide the individual's current position with his/her employer.	Optional field
C77	Employer	Provide the legal name of the individual's employer.	Optional field
C78	PO Box	The P.O. Box is mandatory if the country being entered in C82 is 'Cayman Islands'.	Optional field
C79	Street Address	Provide the building name/number, street name and suite number of individual's office/principal place of business.	Optional field
C80	City	Provide the name of city or municipality of individual's office/principal place of business	Optional field
C81	State Province	Provide the State or province of individual's office/principal place of business.	Optional field
C82	Country	Select the country of the individual's office/principal place of business from drop down list.	Optional field
C83	Zip/Postal Code	Provide the Zip/Postal code of individual's office/principal place of business	Optional field
C84	Phone Number	Provide the Phone number (with area/country code and extension as applicable) of individual's office/principal place of business.	Optional field
C85	Facsimile Number	Provide the Facsimile number (with area/country code) of individual's office/principal place of business.	Optional field
C86	Email Address	Provide the email address of the individual	Optional field
C87	CV/Resume	Use the 'Browse' button to upload a copy of the Deputy MLRO's CV/Resume.	Optional field
C88i-iv	Qualifications		
C88i	Description	Provide the name of the qualification obtained, for example ACAMS, Series 7 etc.	Optional field
C88ii	Date	Use the date picker tool to select the date the qualification was obtained.	Optional field
C88iii	Accrediting Body	Provide the name of the Accrediting Body.	Optional field
C88iv	Type	Select whether this is an academic or professional qualification from the drop-down list	Optional field

5 REUSING PREVIOUS SUBMISSIONS

What is "XBRL"?

XBRL (eXtensible Business Reporting Language), is a standards-based way to communicate and exchange business information between business systems.

Data can be used from a previous reporting period or submission instead of starting from fresh. You must have entered data into at least one form using the online portal and have gone through a successfully validated submission.

- Example: Rapidly re-using the Anti-Money Laundering officers application for (MLO-154-99)
- Process:
 1. Select "**Submitted Requests**" to view previously submitted forms and select the one that contains the data.
 2. Click on "**Download: XBRL Instance**" in the top right corner and save the file to your PC or network drive.
 3. Close the form.
 4. Select "**New Request**" and select the required new/empty form (e.g. MLO-154-99).
 5. Click on "**Upload: XBRL Instance**" in the top right corner.

6. Click on "**Browse...**" and navigate to the file that was saved in step 2 above (usually in the "Downloads" folder).
7. Click "**Upload**".
8. The system will then copy each data point from the XBRL file into the fields of the current form.
9. The system displays the message "**Import Successful**" to indicate that the data was all copied OK.
10. The user can then review and make changes to the data.
11. Proceed as usual through the rest of the validation process.

These instructions can be used for **New Application forms, Change Request forms** and **Financial Returns**.

6 TROUBLESHOOTING

6.1 COMMON VALIDATION ERRORS

Pending

6.2 UNDERSTANDING OTHER ERRORS

Pending