



CAYMAN ISLANDS  
**MONETARY AUTHORITY**

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**Application for Registered Person  
(APP-101-75) Completion Guide**

**June 2019**

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<b>A - General</b>	
<b>A01</b>	<b>Name</b>
	Enter the name of the Applicant as it appears on the Certificate of Incorporation.
<b>A01a</b>	<b>Requested Registration Effective Date</b>
	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.
<b>A01b</b>	<b>Has the Applicant been incorporated in the Cayman Islands by a different name?</b>
	Please indicate by selecting 'Yes' or 'No', whether the Applicant has been incorporated in the Cayman Islands with a different name. If 'Yes', please complete A01c with the previously incorporated name.
<b>A01c</b>	<b>Previous Name(s)</b>
	If you have selected 'Yes' in response to A01b, please provide all of the former names in which it the Applicant previously known by with the General Registry/Registrar of Companies.
<b>A01d</b>	<b>Date of Formation</b>
	Enter the date of formation as it appears on the Certificate of Incorporation.
<b>A01e</b>	<b>Place of Formation</b>
	Enter the jurisdiction of the Applicant's formation.
<b>A01f</b>	<b>Legal Structure</b>

	Enter the Legal Structure as indicated on the Certificate of Incorporation.
<b>A01g</b>	<b>Company Registration Number</b>
	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.
<b>A01h</b>	<b>Legal Entity Identifier</b>
	If the Applicant has an additional Legal Identifier, please include. If not, please state 'n/a'.
<b>A01i</b>	<b>Attach Certificate of Incorporation</b>
	Attach a copy of the Certificate of Incorporation and any other Certificate of Incorporation on Change of Name certificates.
<b>A02</b>	<b>A company within a group of companies carrying on securities investment business exclusively for one or more companies within the same group.</b>
	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").
<b>A03</b>	<b>A person carrying on securities investment business exclusively for one or more of the following classes of person - (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 the shareholders, unit holders or limited partners are one or more persons falling within (a) or (b).</b>
	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 the shareholders, unit holders or limited partners are one or more persons falling within (a) or (b).
<b>A04</b>	<b>A person to whom section 4(1) of the Law applies but who is regulated</b>

	<b>in respect of securities investment business by a recognised overseas regulatory authority in the country or territory (other than the Islands) in which the securities investment is being conducted, and in connection with the exclusion.</b>
	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.
<b>A04a</b>	<b>Conducting Business in</b>
	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.
<b>A04b</b>	<b>Name of Regulatory Body</b>
	Select the recognised regulatory authority from the drop-down list.
<b>A04c</b>	<b>Name of Contact Person</b>
	If you have selected a regulatory body in response to A04b, provide the name of a contact person with whom the Authority may contact. This field is not mandatory.
<b>A04ai-iv</b>	<b>If the Applicant is operating as part of a Group Structure, provide the name of each company within the Group, principal activity, country of Incorporation/Establishment, and whether it is an Affiliate or the Head Office.</b>
<b>A04ai</b>	<b>Name of Group Company</b>
	Name of the Group Head or Affiliate.
<b>A04aii</b>	<b>Principal Activity</b>
	Describe the principal activity of the Group Head or Affiliate.

<b>A04aiii</b>	<b>Country of Incorporation/Establishment</b>
	Select the jurisdiction of incorporation/establishment.
<b>A04aiv</b>	<b>Relationship</b>
	Specify whether entity is the Group Head or an Affiliate.
<b>A05i-ii</b>	<b>Securities Advisor Services to be Offered</b>
	Please select 'Yes' or 'No' if the Applicant is providing advisory services and enter the applicable number of clients. This field is mandatory. Please indicate '0' if none.
<b>A05ii</b>	<b>Number of clients to which services were provided within the last 12 months:</b>
	Please select 'Yes' or 'No' if the Applicant is providing advisory services and enter the applicable number of clients. This field is mandatory. Please indicate '0' if none.
<b>A06i-ii</b>	<b>Securities Manager Services to be Offered</b>
	Please select 'Yes' or 'No' if the Applicant is acting as a manager and enter the applicable number of clients. This field is mandatory. Please indicate '0' if none.
<b>A06ii</b>	<b>Number of clients to which services were provided within the last 12 months:</b>
	Please select 'Yes' or 'No' if the Applicant is acting as a manager and enter the applicable number of clients. This field is mandatory. Please indicate '0' if none.
<b>A07i-ii</b>	<b>Securities Arranger Services to be Offered</b>
	Please select 'Yes' or 'No' if the Applicant is acting as an arranger and enter the applicable number of clients. This field is mandatory. Please indicate '0' if none.
<b>A07ii</b>	<b>Number of clients to which services were provided within the last 12 months:</b>

	Please select 'Yes' or 'No' if the Applicant is acting as an arranger and enter the applicable number of clients. This field is mandatory. Please indicate '0' if none.
<b>A08i-ii</b>	<b>Broker Dealer Services to be Offered</b>
	Please select 'Yes' or 'No' if the Applicant is acting as a Broker/Dealer and enter the applicable number of clients. This field is mandatory. Please indicate '0' if none.
<b>A08ii</b>	<b>Number of clients to which services were provided within the last 12 months:</b>
	Please select 'Yes' or 'No' if the Applicant is acting as a Broker/Dealer and enter the applicable number of clients. This field is mandatory. Please indicate '0' if none.
<b>A09</b>	<b>Attach Client List</b>
	In Excel format, attach the list of the names of all clients included in A05i-ii through A08i-ii above. Each client should be categorized on this list as either private or professional per The Securities Investment Business (Conduct of Business) Regulations 2003.

<b>B - Service Providers</b>	
<b>B01</b>	<b>Name of Individual assigned</b>
	Provide the name of the individual assigned as principal contact for the Applicant.
<b>B02</b>	<b>Title</b>
	Title or position of the Principal Contact within the organisation.
<b>B03</b>	<b>PO Box</b>
	The P.O. Box is mandatory if the country entered below is 'Cayman Islands'.
<b>B04</b>	<b>Street Address</b>
	Building name/number, street name and suite number of individual's office/principal place of business.
<b>B05</b>	<b>City</b>
	Name of city or municipality of individual's office/principal place of business.
<b>B06</b>	<b>State / Province</b>
	State or province of individual's office/principal place of business.
<b>B07</b>	<b>Country</b>
	Select country of individual's office/principal place of business from drop down list.
<b>B08</b>	<b>Zip / Postal Code</b>
	Zip / postal code of individual's office/principal place of business.



<b>B09</b>	<b>Phone Number</b>
	Phone number (with area/country code and extension as applicable) of individual's office/principal place of business.
<b>B10</b>	<b>Facsimile Number</b>
	Facsimile number (with area/country code) of individual's office/principal place of business.
<b>B11</b>	<b>E-mail Address</b>
	Email address of the individual.
<b>B12</b>	<b>Name of Firm</b>
	Select the Registered Office of the Applicant from the list provided.
<b>Directors/Principals of the GP/Managing Members</b>	
<b>B13i-vi</b>	<b>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.</b>
<b>B13i</b>	<b>Title</b>
	Select the appropriate title from the drop-down list.
<b>B13ii</b>	<b>First Name</b>
	Provide the first name of the individual.
<b>B13iii</b>	<b>Last Name</b>

	Provide the last name of the individual.
<b>B13iv</b>	<b>Director ID (if known)</b>
	Provide the Director ID# if known. If the Director ID# is known, only the First and Last Names are required.
<b>B13v</b>	<b>Date of Birth</b>
	Enter the date of birth using the calendar picker.
<b>B13vi</b>	<b>Country of Birth</b>
	Select the Country of Birth using the drop-down list provided.
<b>Senior Officers, Managers (excluding MLRO, DMLRO and Anti-Money Laundering Compliance Officer)</b>	
<b>B-14i-vi</b>	<b>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.</b>
<b>B14i</b>	<b>Title</b>
	Select the appropriate title from the drop-down list.
<b>B14ii</b>	<b>First Name</b>
	Provide the first name of the individual.
<b>B14iii</b>	<b>Last Name</b>
	Provide the last name of the individual.
<b>B14iv</b>	<b>CIMA ID (If known)</b>

	Provide the CIMA ID# if known. If the CIMA ID# is known, only the First and Last Names are required.
<b>B14v</b>	<b>Date Of Birth</b>
	Enter the date of birth using the calendar picker.
<b>B14vi</b>	<b>Country Of Birth</b>
	Select the Country of Birth using the drop-down list provided.
<b>Shareholders – Natural Persons with a shareholding over more than 10%</b>	
<b>B15i-vii</b>	<b>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.</b>
<b>B15i</b>	<b>Title</b>
	Select the appropriate title from the drop-down list.
<b>B15ii</b>	<b>First Name</b>
	Provide the first name of the individual.
<b>B15iii</b>	<b>Last Name</b>
	Provide the last name of the individual.
<b>B15iv</b>	<b>CIMA ID (If known)</b>
	Provide the CIMA ID# if known. If the CIMA ID# is known, only the First and Last Names are required.

<b>B15v</b>	<b>Date Of Birth</b>
	Enter the date of birth using the calendar picker.
<b>B15vi</b>	<b>Country Of Birth</b>
	Select the Country of Birth using the drop-down list provided.
<b>B15vii</b>	<b>Personal Questionnaire</b>
	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.
<b>Corporate Shareholders – list all corporate shareholders to the Applicant and the ultimate beneficial owner of each corporate entity</b>	
<b>B16i-viii</b>	<b>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.</b>
<b>B16i</b>	<b>Entity Name</b>
	Provide the full legal name of the Corporate Shareholder.
<b>B16ii</b>	<b>Type of Structure</b>

	Select the type of structure from the drop-down list.
<b>B16iii</b>	<b>Country of Incorporation</b>
	Select the country of incorporation from the drop-down list.
<b>B16iv</b>	<b>Date of Incorporation</b>
	Use the calendar picker to select the date of incorporation.
<b>B16v</b>	<b>Ultimate Beneficial Owner First Name</b>
	Provide the First Name of the Ultimate Beneficial Owner of the Corporate Shareholder.
<b>B16vi</b>	<b>Ultimate Beneficial Owner Last Name</b>
	Provide the Last Name of the Ultimate Beneficial Owner of the Corporate Shareholder.
<b>B16vii</b>	<b>CIMA ID (if known)</b>
	Provide the CIMA ID# if known. If the CIMA ID# is known, only the First and Last Names are required.
<b>B16viii</b>	<b>Personal Questionnaire of the Ultimate Beneficial Owner</b>
	Personal Questionnaire of the Ultimate Beneficial Owner.
<b>B17</b>	<b>Attach Register of Directors</b>
	Attach a copy of the Register of Directors or equivalent register which reflects those who act in a similar capacity to a Director.
<b>B18</b>	<b>Attach Register of Members/Shareholders/Managing Members</b>

	Attach 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.
<b>B19</b>	<b>Attach Organizational Chart</b>
	<p>Attach 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.</p> <p>For each affiliate, the Applicant is required to provide the following:</p> <ul style="list-style-type: none"><li>• name of the entity</li><li>• the jurisdiction of incorporation</li><li>• nature of business; and</li><li>• the name of the Regulatory Body who has oversight of the Affiliate's business, if applicable.</li></ul>

<b>C - AML Officer</b>	
<b>C01</b>	<b>CIMA ID (if known)</b>
	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.
<b>C02</b>	<b>Prefix</b>
	Select as appropriate.
<b>C03</b>	<b>First Name</b>
	The ALMCO's first name is mandatory, even if their CIMA ID has been entered above. It should match the name on his/her passport.
<b>C04</b>	<b>Middle Name</b>
	If applicable; it should match the name on his/her passport.
<b>C05</b>	<b>Last Name</b>
	The ALMCO's last name is mandatory, even if their CIMA ID has been entered above. It should match the name on his/her passport.
<b>C06</b>	<b>Date Of Birth</b>
	Select date of birth as noted on his/her passport using the calendar picker.
<b>C07</b>	<b>Country Of Birth</b>
	Select country of birth as noted on his/her passport.
<b>C08</b>	<b>Gender</b>

	Select as appropriate.
<b>C09</b>	<b>Other names (Aliases)</b>
	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.
<b>C10</b>	<b>Occupation Title</b>
	The individual's current position with his/her employer.
<b>C11</b>	<b>Employer</b>
	The legal name of the individual's employer.
<b>C12</b>	<b>PO Box</b>
	The P.O. Box is mandatory if the country entered below is 'Cayman Islands'.
<b>C13</b>	<b>Street Address</b>
	Building name/number, street name and suite number of individual's office/principal place of business.
<b>C14</b>	<b>City</b>
	Name of city or municipality of individual's office/principal place of business.
<b>C15</b>	<b>State Province</b>
	State or province of individual's office/principal place of business.
<b>C16</b>	<b>Country Address</b>
	Select country of individual's office/principal place of business from drop down list.



<b>C17</b>	<b>Zip/Postal Code</b>
	Zip / postal code of individual's office/principal place of business.
<b>C18</b>	<b>Phone Number</b>
	Phone number (with area/country code and extension as applicable) of individual's office/principal place of business.
<b>C19</b>	<b>Facsimile Number</b>
	Facsimile number (with area/country code) of individual's office/principal place of business.
<b>C20</b>	<b>Email Address</b>
	Email address of the individual.
<b>C21</b>	<b>CV / Resume</b>
	Browse and attach a copy of the AMLCO's CV/Resume.
	<b>Description</b>
	Provide the name of the qualification obtained, for example ACAMS, Series 7 etc.
	<b>Date</b>
	Using the calendar picker, select the date the qualification was obtained.
	<b>Accrediting Body</b>
	Provide the name of the Accrediting Body.
	<b>Type</b>

	Using the drop down list, please select whether this is an academic or professional qualification.
<b>C23</b>	<b>CIMA ID (if known)</b>
	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.
<b>C24</b>	<b>Prefix</b>
	Select as appropriate.
<b>C25</b>	<b>First Name</b>
	The Deputy ALMCO's first name must be provided, even if their CIMA ID has been entered above. It should match the name on his/her passport.
<b>C26</b>	<b>Middle Name</b>
	If applicable; it should match the name on his/her passport.
<b>C27</b>	<b>Last Name</b>
	The Deputy ALMCO's Last name must be provided, even if their CIMA ID has been entered above. It should match the name on his/her passport.
<b>C28</b>	<b>Date Of Birth</b>
	Select date of birth as noted on his/her passport.
<b>C29</b>	<b>Country Of Birth</b>
	Select country of birth as noted on his/her passport.
<b>C30</b>	<b>Gender</b>

	Select as appropriate.
<b>C31</b>	<b>Other names (Aliases)</b>
	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.
<b>C32</b>	<b>Occupation Title</b>
	The individual's current position with his/her employer.
<b>C33</b>	<b>Employer</b>
	The legal name of the individual's employer.
<b>C34</b>	<b>PO Box</b>
	The P.O. Box is mandatory if the country entered below is 'Cayman Islands'.
<b>C35</b>	<b>Street Address</b>
	Building name/number, street name and suite number of individual's office/principal place of business.
<b>C36</b>	<b>City</b>
	Name of city or municipality of individual's office/principal place of business.
<b>C37</b>	<b>State Province</b>
	State or province of individual's office/principal place of business.
<b>C38</b>	<b>Country Address</b>
	Select country of individual's office/principal place of business from drop down

	list.
<b>C39</b>	<b>Zip/Postal Code</b>
	Zip / postal code of individual's office/principal place of business.
<b>C40</b>	<b>Phone Number</b>
	Phone number (with area/country code and extension as applicable) of individual's office/principal place of business.
<b>C41</b>	<b>Facsimile Number</b>
	Facsimile number (with area/country code) of individual's office/principal place of business.
<b>C42</b>	<b>Email Address</b>
	Email address of the individual.
<b>C43</b>	<b>CV / Resume</b>
	Browse and attach a copy of the Deputy AMLCO's CV/Resume.
	<b>Description</b>
	Provide the name of the qualification obtained, for example ACAMS, Series 7 etc.
	<b>Date</b>
	Using the calendar picker, select the date the qualification was obtained.
	<b>Accrediting Body</b>
	Provide the name of the Accrediting Body.

	<b>Type</b>
	Using the drop down list, please select whether this is an academic or professional qualification.
<b>C45</b>	<b>CIMA ID (if known)</b>
	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.
<b>C46</b>	<b>Prefix</b>
	Select as Appropriate.
<b>C47</b>	<b>First Name</b>
	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.
<b>C48</b>	<b>Middle Name</b>
	If applicable; it should match the name on his/her passport.
<b>C49</b>	<b>Last Name</b>
	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.
<b>C50</b>	<b>Date Of Birth</b>
	Select date of birth as noted on his/her passport.
<b>C51</b>	<b>Country Of Birth</b>
	Select country of birth as noted on his/her passport.

<b>C52</b>	<b>Gender</b>
	Select as appropriate.
<b>C53</b>	<b>Other names (Aliases))</b>
	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.
<b>C54</b>	<b>Occupation Title</b>
	The individual's current position with his/her employer.
<b>C55</b>	<b>Employer</b>
	The legal name of the individual's employer.
<b>C56</b>	<b>PO Box</b>
	The P.O. Box is mandatory if the country entered below is 'Cayman Islands'.
<b>C57</b>	<b>Street Address</b>
	Building name/number, street name and suite number of individual's office/principal place of business.
<b>C58</b>	<b>City</b>
	Name of city or municipality of individual's office/principal place of business.
<b>C59</b>	<b>State Province</b>
	State or province of individual's office/principal place of business.
<b>C60</b>	<b>Country Address</b>

	Select country of individual's office/principal place of business from drop down list.
<b>C61</b>	<b>Zip/Postal Code</b>
	Zip / postal code of individual's office/principal place of business.
<b>C62</b>	<b>Phone Number</b>
	Phone number (with area/country code and extension as applicable) of individual's office/principal place of business.
<b>C63</b>	<b>Facsimile Number</b>
	Facsimile number (with area/country code) of individual's office/principal place of business.
<b>C64</b>	<b>Email Address</b>
	Email address of the individual.
<b>C65</b>	<b>CV / Resume</b>
	Browse and attach a copy of the MLRO's CV/Resume.
	<b>Description</b>
	Provide the name of the qualification obtained, for example ACAMS, Series 7 etc.
	<b>Date</b>
	Using the calendar picker, select the date the qualification was obtained.
	<b>Accrediting Body</b>
	Provide the name of the Accrediting Body.

	<b>Type</b>
	Using the drop down list, please select whether this is an academic or professional qualification.
<b>C67</b>	<b>CIMA ID (if known)</b>
	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.
<b>C68</b>	<b>Prefix</b>
	Select as Appropriate.
<b>C69</b>	<b>First Name</b>
	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.
<b>C70</b>	<b>Middle Name</b>
	If applicable; it should match the name(s) on his/her passport.
<b>C71</b>	<b>Last Name</b>
	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.
<b>C72</b>	<b>Date Of Birth</b>
	Select date of birth as noted on his/her passport.
<b>C73</b>	<b>Country Of Birth</b>
	Select country of birth as noted on his/her passport.



<b>C74</b>	<b>Gender</b>
	Select as appropriate.
<b>C75</b>	<b>Other names (Aliases)</b>
	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.
<b>C76</b>	<b>Occupation Title</b>
	The individual's current position with his/her employer.
<b>C77</b>	<b>Employer</b>
	The legal name of the individual's employer.
<b>C78</b>	<b>PO Box</b>
	The P.O. Box is mandatory if the country entered below is 'Cayman Islands'.
<b>C79</b>	<b>Street Address</b>
	Building name/number, street name and suite number of individual's office/principal place of business.
<b>C80</b>	<b>City</b>
	Name of city or municipality of individual's office/principal place of business.
<b>C81</b>	<b>State Province</b>
	State or province of individual's office/principal place of business.
<b>C82</b>	<b>Country Address</b>

	Select country of individual's office/principal place of business from drop down list.
<b>C83</b>	<b>Zip/Postal Code</b>
	Zip / postal code of individual's office/principal place of business.
<b>C84</b>	<b>Phone Number</b>
	Phone number (with area/country code and extension as applicable) of individual's office/principal place of business.
<b>C85</b>	<b>Facsimile Number</b>
	Facsimile number (with area/country code) of individual's office/principal place of business.
<b>C86</b>	<b>Email Address</b>
	Email address of the individual.
<b>C87</b>	<b>CV / Resume</b>
	Browse and attach a copy of the Deputy MLRO's CV/Resume.
	<b>Description</b>
	Provide the name of the qualification obtained, for example ACAMS, Series 7 etc.
	<b>Date</b>
	Using the calendar picker, select the date the qualification was obtained.
	<b>Accrediting Body</b>

	Provide the name of the Accrediting Body.
	<b>Type</b>
	Using the drop down list, please select whether this is an academic or professional qualification.