



CAYMAN ISLANDS
MONETARY AUTHORITY

**Excluded Persons/Registrant
RENEWAL COMPLETION GUIDE
December 2018**

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A - General	
A01	Business Entity Name
	Enter the name of the Applicant as it appears on the Certificate of Incorporation.
A01a	Legal Structure
	Enter the Legal Structure as indicated on the Certificate of Incorporation.
A02	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).
	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).
A03	A person to whom section 4(1) of the Law applies but who is regulated 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:
	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.
A03a	Conducting Business in
	If you have selected 'Yes' in response to A03, please select the Country in which the Applicant is conducting business in and is regulated by a recognised Overseas Regulatory Authority.

A03b	Name of Regulatory Body
	Select the recognised regulatory authority from the drop-down list.
A03c	Name of Contact Person
	If you have selected a regulatory body in response to A03b, provide the name of a contact person with whom the Authority may contact. This field is not mandatory.
A04	A company within a group of companies carrying on securities investments business exclusively for one or more companies within the same group, and in connection with the exclusion:
	Select 'Yes' or 'No' if the Applicant is providing securities investment business within a group of companies.
A04ai-iv	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.
A04ai	Name of Group Company
	Enter the name of the Group Head or Affiliate
A04aii	Principal Activity
	Describe the principal activity of the Group Head or Affiliate.
A04aiii	Country of Incorporation/Establishment
	Select the jurisdiction of incorporation/establishment.
A04iv	Relationship

	Specify whether entity is the Group Head or an Affiliate.
A05i	Securities Advisor Services to be Offered
	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.
A05ii	Number of clients to which services were provided within the last 12 months:
	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.
A06i	Securities Manager Services to be Offered
	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.
A06iii	Number of clients to which services were provided within the last 12 months:
	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.
A07i	Securities Arranger Services to be Offered
	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.
A07ii	Number of clients to which services were provided within the last 12 months:
	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.

A08i	Broker Dealer Services to be Offered
	Indicate the services the Entity has been providing and will be providing to clients.
A08iii	Number of clients to which services were provided within the last 12 months:
	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.
A09	Attach Client List
	In Excel format, attach the list of the names of all clients included in A05i-ii through A08i-ii above.

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

	Zip / postal code of individual's office/principal place of business
B09	Phone Number
	Phone number (with area/country code and extension as applicable) of individual's office/principal place of business
B10	Facsimile Number
	Facsimile number (with area/country code) of individual's office/principal place of business
B11	Email Address
	Email address of the individual.
B12	Name of Firm
	Select the Registered Office of the Applicant from the list provided.
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.
B13ii	First Name
	Provide the first name of the individual.

B13iii	Last Name
	Provide the last name of the individual.
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.
B13v	Date Of Birth
	Enter the date of birth using the calendar picker.
B13vi	Country Of Birth
	Select the Country of Birth using the drop-down list provided.
Senior Officers, Managers (excluding MLRO, DMLRO and Anti-Money Laundering Compliance Officer)	
B14i-vi	<p>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.</p> <p>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.</p>
B14i	Title
	Select the appropriate title from the drop-down list.
B14ii	First Name
	Provide the first name of the individual.

B14iii	Last Name
	Provide the last name of the individual.
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.
B14v	Date Of Birth
	Enter the date of birth using the calendar picker.
B14vi	Country Of Birth
	Select the Country of Birth using the drop-down list provided.
Shareholders – Natural Persons with a shareholding over more than 10%	
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.
B15ii	First Name
	Provide the first name of the individual.
B15iii	Last Name

	Provide the last name of the individual.
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.
B15v	Date Of Birth
	Enter the date of birth using the calendar picker.
B15vi	Country Of Birth
	Select the Country of Birth using the drop-down list provided.
B15vii	Personal Questionnaire
	Upload a completed copy of the Shareholder's Personal Questionnaire.
Corporate Shareholders – list all corporate shareholders to the SIBL EP and the ultimate beneficial owner of each corporate entity	
B16i-viii	<p>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 along with their CIMA ID (if known) and Personal Questionnaire.</p> <p>If the ultimate beneficial owner is known to the Authority, you only need to enter the First and Last Names and the CIMA ID.</p> <p>If there is more than one ultimate beneficial owner, please use the '+' to add more rows.</p>
B16i	Entity Name
	Provide the full legal name of the Corporate Shareholder.
B16ii	Type of Structure

	Select the type of structure from the drop-down list.
B16iii	Country of Incorporation
	Select the country of incorporation from the drop-down list.
B16iv	Date of Incorporation
	Use the calendar picker to select the date of incorporation.
B16v	Ultimate Beneficial Owner First Name
	Provide the First Name of the Ultimate Beneficial Owner of the Corporate Shareholder.
B16vi	Ultimate Beneficial Owner Last Name
	Provide the Last Name of the Ultimate Beneficial Owner of the Corporate Shareholder.
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.
B16viii	Personal Questionnaire of the Ultimate Beneficial Owner
	Personal Questionnaire of the Ultimate Beneficial Owner.
B17	Attach Register of Directors
	Attach a copy of the Register of Directors or equivalent register which reflects those who act in a similar capacity to a Director.
B18	Attach Register of Members/Shareholders/Managing Members

	Attach a copy of the Register of Members/Shareholders/Managing Members or equivalent register which reflects the beneficial owners and any ultimate beneficial owners of the Applicant.
B19	Attach Organisation Chart
	<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">• 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.

C - AML Officers	
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.
C02	Prefix
	Select as appropriate.
C03	First Name
	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.
C04	Middle Name
	If applicable; it should match the name on his/her passport
C05	Last Name
	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
C06	Date Of Birth
	Select date of birth as noted on his/her passport using the calendar picker.
C07	Country Of Birth
	Select country of birth as noted on his/her passport.
C08	Gender

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

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

	Provide the name of the Accrediting Body.
	Type
	Using the drop down list, please select whether this is an academic or professional qualification.
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.
C24	Prefix
	Select as appropriate
C25	First Name
	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.
C26	Middle Name
	If applicable; it should match the name on his/her passport.
C27	Last Name
	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.
C28	Date Of Birth
	Select date of birth as noted on his/her passport.

C29	Country Of Birth
	Select country of birth as noted on his/her passport.
C30	Gender
	Select as appropriate
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.
C32	Occupation Title
	The individual's current position with his/her employer.
C33	Employer
	The legal name of the individual's employer
C34	PO Box
	The P.O. Box is mandatory if the country entered below is 'Cayman Islands'
C35	Street Address
	Building name/number, street name and suite number of individual's office/principal place of business
C36	City
	Name of city or municipality of individual's office/principal place of business

C37	State Province
	State or province of individual's office/principal place of business
C38	Country Address
	Select country of individual's office/principal place of business from drop down list.
C39	Zip/Postal Code
	Zip / postal code of individual's office/principal place of business
C40	Phone Number
	Phone number (with area/country code and extension as applicable) of individual's office/principal place of business
C41	Facsimile Number
	Facsimile number (with area/country code) of individual's office/principal place of business
C42	Email Address
	Email address of the individual
C43	CV / Resume
	Browse and attach a copy of the Deputy AMLCO's CV/Resume
	Description
	Provide the name of the qualification obtained, for example ACAMS, Series 7 etc.

	Date
	Using the calendar picker, select the date the qualification was obtained.
	Accrediting Body
	Provide the name of the Accrediting Body.
	Type
	Using the drop down list, please select whether this is an academic or professional qualification.
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
C46	Prefix
	Select as Appropriate
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
C48	Middle Name
	If applicable; it should match the name on his/her passport
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

C50	Date Of Birth
	Select date of birth as noted on his/her passport.
C51	Country Of Birth
	Select country of birth as noted on his/her passport.
C52	Gender
	Select as appropriate.
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.
C54	Occupation Title
	The individual's current position with his/her employer.
C55	Employer
	The legal name of the individual's employer.
C56	PO Box
	The P.O. Box is mandatory if the country entered below is 'Cayman Islands'.
C57	Street Address
	Building name/number, street name and suite number of individual's office/principal place of business.
C58	City

	Name of city or municipality of individual's office/principal place of business.
C59	State Province
	State or province of individual's office/principal place of business.
C60	Country Address
	Select country of individual's office/principal place of business from drop down list/
C61	Zip/Postal Code
	Zip / postal code of individual's office/principal place of business.
C62	Phone Number
	Phone number (with area/country code and extension as applicable) of individual's office/principal place of business.
C63	Facsimile Number
	Facsimile number (with area/country code) of individual's office/principal place of business.
C64	Email Address
	Email address of the individual.
C65	CV / Resume
	Browse and attach a copy of the MLRO's CV/Resume.
	Description

	Provide the name of the qualification obtained, for example ACAMS, Series 7 etc.
	Date
	Using the calendar picker, select the date the qualification was obtained.
	Accrediting Body
	Provide the name of the Accrediting Body.
	Type
	Using the drop down list, please select whether this is an academic or professional qualification.
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.
C68	Prefix
	Select as Appropriate.
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.
C70	Middle Name
	If applicable; it should match the name(s) on his/her passport

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
C72	Date Of Birth
	Select date of birth as noted on his/her passport.
C73	Country Of Birth
	Select country of birth as noted on his/her passport.
C74	Gender
	Select as appropriate
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.
C76	Occupation Title
	The individual's current position with his/her employer.
C77	Employer
	The legal name of the individual's employer.
C78	PO Box
	The P.O. Box is mandatory if the country entered below is 'Cayman Islands'.

C79	Street Address
	Building name/number, street name and suite number of individual's office/principal place of business.
C80	City
	Name of city or municipality of individual's office/principal place of business.
C81	State Province
	State or province of individual's office/principal place of business.
C82	Country Address
	Select country of individual's office/principal place of business from drop down list.
C83	Zip/Postal Code
	Zip / postal code of individual's office/principal place of business.
C84	Phone Number
	Phone number (with area/country code and extension as applicable) of individual's office/principal place of business.
C85	Facsimile Number
	Facsimile number (with area/country code) of individual's office/principal place of business.
C86	Email Address
	Email address of the individual.

C87	CV / Resume
	Browse and attach a copy of the Deputy MLRO's CV/Resume.
	Description
	Provide the name of the qualification obtained, for example ACAMS, Series 7 etc.
	Date
	Using the calendar picker, select the date the qualification was obtained.
	Accrediting Body
	Provide the name of the Accrediting Body.
	Type
	Using the drop down list, please select whether this is an academic or professional qualification.