

CAYMAN ISLANDS COMPLIANCE ASSOCIATION

MEMBERSHIP APPLICATION FORM

ORGANISATION NAME _____

ADDRESS _____

**EXISTING ASSOCIATION
MEMBERSHIP**

1. _____

2. _____

3. _____

4. _____

5. _____

MLRO _____

REPRESENTATIVE _____

POSITION _____

PHONE _____

FAX _____

E-MAIL _____

Signature: _____

Name: _____

Date: _____

Please forward this application form, together with a cheque for CI\$125*, made payable to Cayman Islands Compliance Association, to Robin Jarvis, Butterfield Bank, or P.O. Box 705GT.
(* One time Membership fee of CI\$25 and annual subscription fees of CI\$100)