

**Governor Post-Designation Legal Fees General Licence Reporting  
GL/2023/0002 Part B**

**Section 1 – Basic Information**

**1a Law Firm(s) / Attorney(s) [add boxes as required]**

Name:
Address:
Email:
Telephone:
Head of Compliance:
Regulator:

Name:
Address:
Email:
Telephone:
Head of Compliance:
Regulator:

**1b Designated Person(s) (DP) Represented**

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## 2c Workstream Overview

Workstream Name	Brief Description	Total Fees

*Add table for proceedings in multiple jurisdictions*

## 2d Expenses Incurred

Total Expenses Incurred:

Date Range:

## 2e Engagement Letter

*Provide copy of engagement letter*

## 2f Payment Route

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**Section 3 – Confirmation**

**3a Please confirm the information provided in this form is accurate**

<p>Name:</p> <p>Date:</p> <p>Role:</p> <p>Signature.....</p>
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**Governor's Office**

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