



APPLICATION FOR MEMBERSHIP
IN THE
CAYMAN ISLANDS BANKERS' ASSOCIATION

NAME OF ENTITY: _____

MAILING ADDRESS: _____

OFFICE LOCATION: _____

NAME OF REGISTERED OFFICE: _____

(If no physical presence in the Cayman Islands)

CONTACT TELEPHONE NUMBER: _____

CONTACT E-MAIL: _____

CATEGORY OF LICENSE HELD *(Tick One)*:

Class 'A' Banking	<input type="checkbox"/>
Class 'B' Banking	<input type="checkbox"/>
Trust (Unrestricted)	<input type="checkbox"/>
Trust (Restricted)	<input type="checkbox"/>

Other *(Specify)* _____

NUMBER OF STAFF: _____

CHIEF EXECUTIVE OFFICER: _____

(Or equivalent)

DESIGNATION OF CHIEF EXECUTIVE OFFICER: _____

NAME OF OFFICIAL REPRESENTATIVE: _____

(If other than above)

TYPE OF MEMBERSHIP *(Tick One)*:

Ordinary	<input type="checkbox"/>
Associate 1	<input type="checkbox"/>
Associate 2	<input type="checkbox"/>

DOCUMENTS REQUIRED WITH THIS APPLICATION:

- If applicable, copy of License or License Application (If not yet finalized)
- Copy of Annual report (if available)

Date: _____

Signature: _____