



# Cayman Monetary Regulatory Authority International

At the forefront of financial regulation, the Cayman Monetary Regulatory Authority International (CMRAI) is dedicated to upholding the highest standards of financial oversight and compliance. Our mission is to safeguard the stability and integrity of the global financial system by ensuring that financial services operate within a framework of transparency, accountability, and excellence.

As a trusted partner to financial institutions worldwide, CMRAI provides rigorous supervision, innovative solutions, and strategic guidance to foster a secure and thriving financial environment. With decades of experience and a commitment to global standards, we stand as a pillar of trust and security in an ever-evolving financial landscape.

With a legacy of excellence in financial oversight, the Cayman Monetary Regulatory Authority International (CMRAI) is a beacon of trust in the international financial community. Our role extends beyond regulation; we are innovators, collaborators, and protectors of the global financial ecosystem. By fostering compliance, promoting best practices, and embracing technological advancements, CMRAI ensures that financial services remain resilient and adaptable in a dynamic global market.

Our comprehensive approach to regulation encompasses a deep understanding of financial risks and a proactive stance on emerging challenges. We are committed to empowering financial institutions with the tools and guidance necessary to navigate complex regulatory landscapes, thereby contributing to global economic stability and growth.



Payment processor (if it is applicable) i. The status of the application then changes to Submitted Authority-side: 1. Once the application has been Submitted to the Authority, an Analyst can then Claim the submission to begin the review process. a. Once the application has been Claimed, the status of the application changes to Application Under Review (Level 1) ( AUR\_L1 ) i. The application is then reviewed and validated by the Analyst 1. If the application is Rejected by the Analyst, it is returned to industry to be resubmitted 2. If the application is accepted, it is escalated to the second level of review by a Senior Analyst, and the application status changes to Application Under Review (Level 2) ( AUR\_L2 ) i. If the application is rejected by the Senior Analyst, it is returned to the Analyst for further review ii. If the application is accepted it is escalated up to a Chief Analyst for final approval, and the application status changes to Waiting Final Approval 1. If the application is rejected by the Chief Analyst, it is returned to the Senior Analyst for further review 2. If the application is approved a Certificate is generated and the status of the application changes to Approved 3. If the application is not approved, the status of the application changes to Refused 3.3 SUBMITTING / RESUBMITTING Pending 3.4 APPLICABLE FEES There is a fee of KYD \$5,000 associated with this form Version: 2.0 APP-101-75 Application for SIBL Registered Person Page 7 of 14 4 COMPLETION INSTRUCTIONS Schedule A - General ID Label Instructions Validation Rule A01 Name Enter the name of the Applicant as it appears on the Certificate of Incorporation. Mandatory field A01a Requested Registration Effective Date Use the date picker tool to 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). Mandatory Field A01b Has the Applicant been incorporated in the Cayman Islands by a different name? Indicate by selecting 'Yes' or 'No', whether the Applicant has been incorporated in the Cayman Islands with a different name. If 'Yes' is selected, please complete A01c with the previously incorporated name(s) Mandatory field A01c Previous Name(s) If you have selected 'Yes' in response to A01b, please provide all the former names in which the Applicant was previously known by, with the General Registry/Registrar of Companies. Mandatory field. A01d Date of Formation Use the date picker tool to select the date of formation as it appears on the Certificate of Incorporation. Mandatory field A01e Place of Formation Select the jurisdiction of the Applicant s formation from the drop-down list Mandatory field A01f Legal Structure Select the Legal Structure as indicated on the Certificate of Incorporation from the drop-down list Mandatory field A01g Company Registration Number 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. Optional field A01h Legal Entity Identifier If the Applicant has an additional Legal Identifier, please include. If not, please state n/a . Optional field A01i Attach Certificate of Incorporation Attach a copy of the Certificate of Incorporation and any other Certificate of Incorporation on Change of Name certificates. Use the Browse button to select a copy of the Certificate of Incorporation and upload it. Mandatory Attachment On what basis does the Applicant qualify for exemption? A02 Schedule 4 Paragraph 1 of the Law 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 ). If Yes is selected, A02i-iv will become accessible Mandatory field A02i-iv Individual Companies within the Group A02i Name of Group Company Provide the name of the Group Head or Affiliate. Optional field A02ii Principal Activity Describe the principal activity of the Group Head or Affiliate. Optional field A02iii Country of Incorporation/ Establishment Select the jurisdiction of incorporation/establishment from the drop-down list Optional field A02iv Relationship Select whether entity is the Group Head or an Affiliate from the drop-down list Optional field A03 Schedule 4 Paragraph 2 of the Law 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 Mandatory field Version: 2.0 APP-101-75 Application for SIBL Registered Person Page 8 of 14 the shareholders, unit holders or limited partners are one or more persons falling within (a) or (b). A04 Schedule 4 Paragraph 3 of the Law 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. If Yes is selected, A04a, A04b and A04c will become accessible. Mandatory field A04a Conducting securities investment business in 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. Mandatory field A04b Regulated by recognized overseas regulatory authority Select the recognised regulatory authority from the drop-down list. Mandatory field A04c Name of Regulatory Authority Contact Person If you have selected a regulatory body in response to A04b, provide the name of a contact person with whom the Authority may contact. Optional field A05 Services Provided/Offered A05i-ii Securities Advisor Please select 'Yes' or 'No' if the Applicant is providing advisory services and enter the applicable number of clients to which services were provided within the last 12 months. Please indicate '0' if none. Mandatory field A06i-ii Securities Manager Please select 'Yes' or 'No' if the Applicant is acting as a Manager and enter the applicable number of clients to which services were provided within the last 12 months. Please indicate 0 if none. Mandatory field A07i-ii Securities Arranger Please select 'Yes' or 'No' if the Applicant is acting as an Arranger and enter the applicable number of clients to services were provided within the last 12 months. Please indicate 0 if none. Mandatory field A08i-ii Broker Dealer Please select 'Yes' or 'No' if the Applicant is acting as a Broker/Dealer and enter the applicable number of clients to which services were provided within the last 12 months. Please indicate 0 if none. Mandatory field A09 Client List Use the Browse button to attach the list of the names of all clients included in A05i-ii through A08i-ii above (In Excel format). Each client should be categorized on this list as either private or professional per The Securities Investment Business (Conduct of Business) Regulations 2003. Mandatory field Schedule B - Service Providers Principal Contact B01 Name of Individual assigned Provide the name of the individual assigned as principal contact for the Applicant. Mandatory field B02 Title Provide the title or position of the Principal Contact within the organisation. Mandatory field B03 PO Box The P.O. Box of the organisation is mandatory if the country being entered in B07 is 'Cayman Islands'. Optional field B04 Street Address Provide the building name/number, street name and suite number of individual's office/principal place of business. Mandatory field B05 City Provide the name of city or municipality of individual's office/principal place of business. Mandatory field B06 State / Province Provide the state or province of individual's office/principal place of business.

Optional field B07 Country Select country of individual's office/principal place of business from drop down list. Mandatory field B08 Zip / Postal Code Provide the Zip/postal code of individual's office/principal place of business. Mandatory field B09 Number Provide the number (with area/country code and extension as applicable) of individual's office/principal place of business. Mandatory field B10 Facsimile Number Provide the facsimile number (with area/country code) of individual's office/principal place of business. Optional field B11 Address Provide the address of the individual. Mandatory field Registered Office B12 Name of Firm Select the Registered Office of the Applicant from the drop-down list Mandatory field 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 CMRAI 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. Version: 2.0 APP-101-75 Application for SIBL Registered Person Page 9 of 14 B13i Title Select the appropriate title from the drop-down list. Optional field B13ii First Name Provide the first name of the individual. Optional field B13iii Last Name Provide the last name of the individual. Optional field 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. Optional field B13v Date of Birth Use the date picker tool to enter the date of birth Optional field B13vi Country of Birth Select the Country of Birth using the drop-down list Optional field Senior Officers, Managers (excluding MLRO, DMLRO and Anti-Money Laundering Compliance Officer) B14i-vi For any relevant Senior Officers or those acting in an equivalent capacity, provide the First Name, Last Name, CMRAI ID (if known), date of birth and country of birth. If the CMRAI 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. B14i Title Select the appropriate title from the drop-down list. Optional field B14ii First Name Provide the first name of the individual. Optional field B14iii Last Name Provide the last name of the individual. Optional field B14iv CMRAI ID (if known) Provide the CMRAI ID# if known. If the CMRAI ID# is known, only the First and Last Names are required. Optional field B14v Date of Birth Use the date picker tool to enter the date of birth Optional field B14vi Country of Birth Select the Country of Birth using the drop-down list Optional field Shareholders List all shareholders who are natural persons B15i-vii For all Shareholders holding more than 10%, who are natural persons only, please provide the First Name, Last Name, CMRAI ID (if known), Date of birth and country of birth. If the CMRAI 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. Optional field B15ii First Name Provide the first name of the individual. Optional field B15iii Last Name Provide the last name of the individual. Optional field B15iv CMRAI ID (if known) Provide the CMRAI ID# if known. If the CMRAI ID# is known, only the First and Last Names are required. Optional field B15v Date of Birth Use the date picker tool to enter the date of birth Optional field B15vi Country of Birth Select the Country of Birth using the drop-down list Optional field B15vii Personal Questionnaire Use the Browse button to Upload a completed copy of the Shareholders 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

**Optional field Corporate Shareholders** list all corporate shareholders to the SIBL EP and the ultimate beneficial owner of each corporate entity

**B16i-viii** 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 CMRAI 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 CMRAI ID. If there is more than one ultimate beneficial owner, please use the '+' to add more rows.

**B16i** Entity Name Provide the full legal name of the Corporate Shareholder.

**Optional field B16ii** Type of Structure Select the type of structure from the drop-down list.

**Optional field B16iii** Country of Incorporation Select the country of incorporation from the drop-down list.

**Optional field B16iv** Date of Incorporation Use the date picker tool to select the date of incorporation.

**Optional field B16v** Ultimate Beneficial Owner First Name Provide the First Name of the Ultimate Beneficial Owner of the Corporate Shareholder.

**Optional field Version: 2.0 APP-101-75 Application for SIBL Registered Person Page 10 of 14**

**B16vi** Ultimate Beneficial Owner Last Name Provide the Last Name of the Ultimate Beneficial Owner of the Corporate Shareholder.

**Optional field B16vii** CMRAI ID (if known) Provide the CMRAI ID# if known. If the CMRAI ID# is known, only the First and Last Names are required.

**Optional field B16viii** Personal Questionnaire of the Ultimate Beneficial Owner Use the Browse button to upload the Personal Questionnaire of the Ultimate Beneficial Owner.

**Optional field B17** Attach Register of Directors Use the Browse button to upload a copy of the Register of Directors or equivalent register which reflects those who act in a similar capacity to a Director

**Optional field B18** Attach Register of Members/ Shareholders/ Managing Members Use the Browse button to upload 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.

**Optional field B19** Attach Organizational Chart Use the Browse button to upload 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. For each affiliate, the Applicant is required to provide the following: 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.

**Optional field Schedule C** AML Officer Details of Anti-Money Laundering Compliance Officer (AMLCO):

**C01** CMRAI ID (if known) If the AMLCO has already been issued a unique 7-digit CMRAI ID by the Authority, e.g. director ID, please enter it to avoid having to provide full information below.

**Optional field C02** Prefix Select from the drop-down list as appropriate.

**Optional field C03** First Name The ALMCO's first name is mandatory, even if their CMRAI ID has been entered above. It should match the name on his/her passport.

**Mandatory field C04** Middle Name Provide the Middle name if applicable; it should match the name on his/her passport

**Optional field C05** Last Name The ALMCO's last name is mandatory, even if their CMRAI ID has been entered above. It should match the name on his/her passport.

**Mandatory field C06** Date of Birth Use the date picker to select date of birth as noted on his/her passport.

**Optional field C07** Country of Birth Select date of birth as noted on his/her passport from the drop-down list

**Optional field C08** Gender Select as appropriate using the drop-down list

**Optional field 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. Optional field C10 Occupation Title Provide the individual's current position with his/her employer. Optional field C11 Employer Provide the legal name of the individual's employer. Optional field C12 PO Box The P.O. Box is mandatory if the country being entered in C16 is 'Cayman Islands'. Optional field C13 Street Address Provide the building name/number, street name and suite number of individual's office/principal place of business. Optional field C14 City Provide the name of city or municipality of individual's office/principal place of business. Optional field C15 State Province Provide the state or province of individual's office/principal place of business. Optional field C16 Country Select the country of individual's office/principal place of business from drop down list. Optional field C17 Zip/Postal Code Provide the Zip/Postal code of individual's office/principal place of business. Optional field C18 Number Provide the number (with area/country code and extension as applicable) of individual's office/principal place of business. Optional field Version: 2.0 APP-101-75 Application for SIBL Registered Person Page 11 of 14 C19 Facsimile Number Provide the Facsimile number (with area/country code) of individual's office/principal place of business. Optional field C20 Address Provide the address of the individual. Optional field C21 CV/Resume Use the Browse button to upload a copy of the AMLCO's CV/Resume. Optional field C22i-iv Qualifications C22i Description Provide the name of the qualification obtained, for example ACAMS, Series 7 etc. Optional field C22ii Date Use the date picker tool to select the date the qualification was obtained. Optional field C22iii Accrediting Body Provide the name of the Accrediting Body. Optional field C22iv Type Select whether this is an academic or professional qualification from the drop-down list. Optional field Details of Deputy Anti-Money Laundering Compliance Officer (Deputy AMLCO): C23 CMRAI ID (if known) If the Deputy AMLCO has already been issued a unique 7-digit CMRAI ID by the Authority, e.g. director ID, please enter it to avoid having to provide full information below. Optional field C24 Prefix Select from the drop-down list as appropriate. Optional field C25 First Name The Deputy ALMCO's first name is mandatory, even if their CMRAI ID has been entered above. It should match the name on his/her passport. Mandatory field C26 Middle Name Provide the Middle name if applicable; it should match the name on his/her passport. Optional field C27 Last Name The Deputy ALMCO's last name is mandatory, even if their CMRAI ID has been entered above. It should match the name on his/her passport. Mandatory field C28 Date of Birth Use the date picker to select date of birth as noted on his/her passport. Optional field C29 Country of Birth Select date of birth as noted on his/her passport from the drop-down list. Optional field C30 Gender Select as appropriate using the drop-down list. Optional field 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. Optional field C32 Occupation Title Provide the individual's current position with his/her employer. Optional field C33 Employer Provide the legal name of the individual's employer. Optional field C34 PO Box The P.O. Box is mandatory if the country being entered in C38 is 'Cayman Islands'. Optional field C35 Street Address Provide the building name/number, street name and suite number of individual's office/principal place of business. Optional field C36 City Provide the name of city or municipality of individual's office/principal place of business. Optional field C37 State Province Provide the state or province of individual's office/principal place of business. Optional field C38 Country Select the country of the individual's office/principal place of business from drop down list. Optional field C39

Zip/Postal Code Provide the Zip/Postal code of individual's office/principal place of business  
Optional field C40 Number Provide the number (with area/country code and extension as applicable) of individual's office/principal place of business. Optional field C41 Facsimile Number Provide the Facsimile number (with area/country code) of individual's office/principal place of business. Optional field C42 Address Provide the address of the individual  
Optional field C43 CV/Resume Use the Browse button to upload a copy of the Deputy AMLCO's CV/Resume. Optional field C44i-iv Qualifications C44i Description Provide the name of the qualification obtained, for example ACAMS, Series 7 etc. Optional field C44ii Date Use the date picker tool to select the date the qualification was obtained. Optional field C44iii Accrediting Body Provide the name of the Accrediting Body. Optional field C44iv Type Select whether this is an academic or professional qualification from the drop-down list  
Optional field Version: 2.0 APP-101-75 Application for SIBL Registered Person Page 12 of 14 Details of Money Laundering Reporting Officer (MLRO): C45 CMRAI ID (if known) If the MLRO has already been issued a unique 7-digit CMRAI ID by the Authority, e.g. director ID, please enter it to avoid having to provide full information below. Optional field C46 Prefix Select from the drop-down list as appropriate. Optional field C47 First Name The MLRO's first name is mandatory, even if their CMRAI ID has been entered above. It should match the name on his/her passport. Mandatory field C48 Middle Name Provide the Middle name if applicable; it should match the name on his/her passport  
Optional field C49 Last Name The MLRO's last name is mandatory, even if their CMRAI ID has been entered above. It should match the name on his/her passport. Mandatory field C50 Date of Birth Use the date picker to select date of birth as noted on his/her passport. Optional field C51 Country of Birth Select date of birth as noted on his/her passport from the drop-down list  
Optional field C52 Gender Select as appropriate using the drop-down list  
Optional field 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. Optional field C54 Occupation Title Provide the individual's current position with his/her employer. Optional field C55 Employer Provide the legal name of the individual's employer. Optional field C56 PO Box The P.O. Box is mandatory if the country being entered in C60 is 'Cayman Islands'. Optional field C57 Street Address Provide the building name/number, street name and suite number of individual's office/principal place of business. Optional field C58 City Provide the name of city or municipality of individual's office/principal place of business  
Optional field C59 State Province Provide the state or province of individual's office/principal place of business. Optional field C60 Country Select the country of the individual's office/principal place of business from drop down list. Optional field C61 Zip/Postal Code Provide the Zip/Postal code of individual's office/principal place of business  
Optional field C62 Number Provide the number (with area/country code and extension as applicable) of individual's office/principal place of business. Optional field C63 Facsimile Number Provide the Facsimile number (with area/country code) of individual's office/principal place of business. Optional field C64 Address Provide the address of the individual  
Optional field C65 CV/Resume Use the Browse button to upload a copy of the MLRO's CV/Resume. Optional field C66i-iv Qualifications C66i Description Provide the name of the qualification obtained, for example ACAMS, Series 7 etc. Optional field C66ii Date Use the date picker tool to select the date the qualification was obtained. Optional field C66iii Accrediting Body Provide the name of the Accrediting Body. Optional field C66iv Type Select whether this is an academic or professional qualification from the drop-down list  
Optional field Details of Deputy Money Laundering Reporting Officer (Deputy MLRO): C67



CMRAI ID (if known) If the Deputy MLRO has already been issued a unique 7-digit CMRAI ID by the Authority, e.g. director ID, please enter it to avoid having to provide full information below. Optional field C68 Prefix Select from the drop-down list as appropriate. Optional field C69 First Name The Deputy MLRO's first name is mandatory, even if their CMRAI ID has been entered above. It should match the name on his/her passport. Mandatory field C70 Middle Name Provide the Middle name if applicable; it should match the name on his/her passport. Optional field C71 Last Name The Deputy MLRO's last name is mandatory, even if their CMRAI ID has been entered above. It should match the name on his/her passport. Mandatory field C72 Date of Birth Use the date picker to select date of birth as noted on his/her passport. Optional field C73 Country of Birth Select date of birth as noted on his/her passport from the drop-down list

Optional field Version: 2.0 APP-101-75 Application for SIBL Registered Person Page 13 of 14 5 REUSING PREVIOUS SUBMISSIONS What is XBRL ? XBRL (eXtensible Business Reporting Language), is a standards-based way to communicate and exchange business information between business systems. Data can be used from a previous reporting period or submission instead of starting from fresh. You must have entered data into at least one form using the online portal and have gone through a successfully validated submission. Example: Rapidly re-using the Anti-Money Laundering officers application for (MLO-154-99) Process: 1. Select Submitted Requests to view previously submitted forms and select the one that contains the data. 2. Click on Download: XBRL Instance in the top right corner and save the file to your PC or network drive. 3. Close the form. 4. Select New Request and select the required new/empty form (e.g. MLO-154-99). 5. Click on Upload: XBRL Instance in the top right corner. C74 Gender Select as appropriate using the drop-down list

Optional field 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. Optional field C76 Occupation Title Provide the individual's current position with his/her employer. Optional field C77 Employer Provide the legal name of the individual's employer. Optional field C78 PO Box The P.O. Box is mandatory if the country being entered in C82 is 'Cayman Islands'. Optional field C79 Street Address Provide the building name/number, street name and suite number of individual's office/principal place of business. Optional field C80 City Provide the name of city or municipality of individual's office/principal place of business. Optional field C81 State Province Provide the state or province of individual's office/principal place of business. Optional field C82 Country Select the country of the individual's office/principal place of business from drop down list. Optional field C83 Zip/Postal Code Provide the Zip/Postal code of individual's office/principal place of business. Optional field C84 Number Provide the number (with area/country code and extension as applicable) of individual's office/principal place of business. Optional field C85 Facsimile Number Provide the Facsimile number (with area/country code) of individual's office/principal place of business. Optional field C86 Address Provide the address of the individual. Optional field C87 CV/Resume Use the Browse button to upload a copy of the Deputy MLRO's CV/Resume. Optional field C88i-iv Qualifications C88i Description Provide the name of the qualification obtained, for example ACAMS, Series 7 etc. Optional field C88ii Date Use the date picker tool to select the date the qualification was obtained. Optional field C88iii Accrediting Body Provide the name of the Accrediting Body. Optional field C88iv Type Select whether this is an academic or professional qualification from the drop-down list

Optional field Version: 2.0 APP-101-75 Application for SIBL Registered Person Page 14 of 14 6. Click on Browse... and navigate to the file that was saved in step 2

above (usually in the "Downloads" folder). 7. Click Upload . 8. The system will then copy each data point from the XBRL file into the fields of the current form. 9. The system displays the message Import Successful to indicate that the data was all copied OK. 10. The user can then review and make changes to the data. 11. Proceed as usual through the rest of the validation process. These instructions can be used for New Application forms, Change Request forms and Financial Returns. 6 TROUBLESHOOTING 6.1 COMMON VALIDATION ERRORS Pending 6.2 UNDERSTANDING OTHER ERRORS Pending