



To request letters and/or documents, this form should be completed and submitted to the Department of Financial Assistance. You will be notified when your request has been completed, sent to the relevant party, or is ready for collection.

Applicants, clients, or authorized representatives (Power of Attorneys (POAs) and Legal Guardians) are eligible to request letters and or documents. If letters are required for banking institutions or government purposes, they will be sent directly to the specified entity. Please note that your original photo ID with your signature, e.g. passport or driver's license, is required to be shown, when collecting documents.

If an alternative party is collecting the document(s) on your behalf, they must provide the following:

1. Your original photo ID with signature,
2. Their original photo ID with signature, and
3. A letter signed by you granting permission, or
4. Power of Attorney / Legal Guardianship.

All fields marked with an * are required.

***Full Name** ***Date of Birth**

***Physical Address**

Select your District Bodden Town West Bay East End George Town
 North Side Cayman Brac Little Cayman

POA / Legal Guardian Name (if applicable)

***Phone Number(s)**

***Email Address**

Please check the box(es) for the letter(s) and/or copy of document(s) you require. DFA reserves the right to review all requests in order to determine their validity and confirm if the letter and or document requested can be provided.

DFA Letters:

- | | |
|--|---|
| <input type="checkbox"/> Service Confirmation - Long Term Financial Assistance | <input type="checkbox"/> Service Approval (copy) |
| <input type="checkbox"/> Service Confirmation - Temporary Financial Assistance | <input type="checkbox"/> Service Denial (copy) |
| <input type="checkbox"/> Service Confirmation - Ex- Gratia (Seamans/Veterans) | <input type="checkbox"/> Service Ineligibility (copy) |
| <input type="checkbox"/> KYC/Source of Funds - Long Term Financial Assistance | <input type="checkbox"/> Service Termination (copy) |
| <input type="checkbox"/> KYC/Source of Funds - Ex- Gratia Seaman Benefit | <input type="checkbox"/> KYC/Source of Funds - Temporary Financial Assistance |
| <input type="checkbox"/> KYC/Source of Funds - Ex-Gratia Veteran Benefit | |

Applicant / Client Documents:

- | | |
|---|--|
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Medical Report |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Voter's ID | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Other - please specify | |

*Please explain the reason for the request, confirm which entity the request is to be addressed to and, provide (if applicable) the name and email address for whom the letter is to be sent.

Disclaimer:

DFA will not accept requests for letters to be addressed to banks, governments, or businesses outside of the Cayman Islands, to secure credit or debit facilities, to be addressed to embassies, or for any other purpose outside of supporting one's basic needs. Requests will be processed within (5) five business days.

Applicant/Client's Signature

Date

Authorized Representative's Signature
(Ensure ID and Relevant Documents are attached)

Date

For Office Use Only:

Received By (NAU Officer Initials)

Reviewed By (COM Officer Initials)

DFA Date Stamp

Date Review Completed

Request Approved

Request Denied

Request Invalid

FAS Number

Compliance Division Only:

Reason For Denial

Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky or via email to DFACompliance@gov.ky