**OFSI Post-Designation Legal Fees General Licence Reporting**

**INT/2023/2954852 Part B**

**Section 1 – Basic Information**

**1a Law Firm(s) / Counsel(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**

**1c Case Description**

**Section 2 - Fees**

**2a Fees Incurred**

Total Fees Incurred:

Total Hours:

Date range:

**2b Fee Rate**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Normal Fee Rate** | **Fee Rate Requested** |
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**2c Workstream Overview**

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| --- | --- | --- |
| **Workstream Name** | **Brief Description** | **Total Fees** |
|  |  |  |
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|  |  |  |

*Add table for proceedings in multiple jurisdictions*

**2e Expenses Incurred**

Total Expenses Incurred:

Date Range:

**2f Engagement Letter**

*Provide copy of engagement letter*

**2g Payment Route**

**Section 3 – Confirmation**

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

**Office of Financial Sanctions Implementation**

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