

SUSPICIOUS TRANSACTION REPORT

CONFIDENTIAL

THIS FORM IS MADE IN ACCORDANCE WITH THE PROCEEDS OF CRIMINAL CONDUCT ACT, 1997, AS AMENDED, AND SECTION 55 OF THE ANTI-MONEY LAUNDERING AND TERRORIST FINANCING CODE OF PRACTICE, 2008, AS AMENDED.

MAIL TO:

The Director
Financial Investigation Agency
2nd Floor, Ritter House, Wickham's Cay II,
Road Town, Tortola
Virgin Islands

Telephone: (284)-494-1335 Fax: (284)-494-1435

Email: reportingauthoritygroup@fiabvi.vg

Website: www.fiabvi.vg

Please read carefully the following information prior to completing and submitting this form.

Suspicious Transaction Reports should be submitted in cases where the reporting entity knows, suspects or has reasonable grounds to suspect that an activity or transaction may be related to the attempted commission or commission of money laundering, the financing of terrorism and proliferation financing.

All the information that supports the Suspicious Transaction Report should be attached together with any additional information which would assist the Financial Investigation Agency ("FIA") to further its analysis.

In cases where the number of legal and/or natural persons reported in the Suspicious Transaction Report exceeds the fields available in Section II of the form, additional pages of the relevant section should be filled out and annexed to the Suspicious Transaction Report. The Additional Notes section is included in the form so that the reporting entity can specify any other legal and/or natural person(s) the main subject(s) is/are connected to, if applicable.

A reporting entity will not be held liable for disclosing to the FIA his/her suspicion or belief that an individual is engaged in money laundering, terrorist financing or proliferation financing or discloses any information or other matter on which that suspicion or belief is based.

It is however an offence to fail to report a suspicious transaction or suspicious activity. The penalties for failing to report can be criminal or administrative. If a fine is imposed as a criminal penalty, the amount can range from one hundred and fifty thousand dollars (US\$150,000) to five hundred thousand dollars (US\$500,000). If imprisonment is imposed, the length of time for imprisonment ranges from three (3) years to five (5) years.

If a fine is imposed as an administrative penalty, the amount that will be imposed for failure to comply with the suspicious transaction reporting obligations is US\$70,000 for an individual.

IMPORTANT: WHERE APPLICABLE, ALL FIELDS MUST BE COMPLETED

SECTION I	STR REPORT	DETAILS	
Reporting Entity STR Reference No.:		22///20	
Date:	(DD/MM/YYYY)	Date of Original Report:	(DD/MM/YYYY)
Name and Type of Reporting I	nstitution:	Name of Reporting Officer/	Reporting Entity:
Type of Disclosure: Initial	Report ☐ Suppl	emental Report □	Correction Report

SECTION II

MAIN SUBJECT DETAILS

(If available, please insert a photo of the subject for identification purposes)

Please use this section for the information regarding the Main Subject of the report. In the event of more than one Main Subjects or other associated subjects you may add additional pages.

		IND	IVIDUAL				
Click to Select Photo.	Last Nan	ne:		Middle Name:			
	First Nar	ne:		Date of Bi	Date of Birth:		
	Gender:				Alias:		
	Place of	Birth:		Occupation	Occupation:		
	Nationali	ty:		Country of Residence:			
Street:			City/Communit	ty:			
Country:		P.O. Box:					
Telephone (Home) Telepho	one (Work)	Telephone	(Cell 1)	Other	Fax		
	DE	TAILS OF	IDENTIFICAT	ΓΙΟΝ (ID)			
a. ID No. 1							
ID Type:				ID Number:			
Date of Issue:			Date of Expir	y:			
Place of Issue:							
b. ID No. 2							
ID Type:				ID Number:			
Date of Issue:			Date of Expir	y:			
Place of Issue:							

Additional Notes:

(Please use this section to indicate whether or not subject is connected to any other companies or individuals.)

		СО	MPA	NY DETAILS			
Name of Company:			Cor	npany No.:			
Date of Incorporation:				npany Type: □B Other:	SVIBC □Local Con	npany □Trust	
Registered Agent:				<u> </u>			
Street:				City/Community	<i>r</i> :		
Country:		P.O. E	Box:				
Telephone (Home)	Telephone (Work)	Telephone (Work) Telephone			Telephone (Cell 2)	Fax	
Dire	ctor(s) Beneficial	Owner(s)	Sha	reholder(s), Ad	dress(es) & Identif	ication	
Beneficial Own	er Directo	or	Sha	reholder	(Please select ap	propriate one)	
Last Name:		First Nam	ie:		Middle Name:		
			Iden	tification			
Identification Type	:				Identification Number	er:	
Date of Birth:				Place of Birth:	<u> </u>		
Date of Issue:				Date of Expiry:			
Place of Issue:							
		Res	sider	itial Address			
Street: City				//Community:			
Country:). Box:			
Telephone (Home)	Telephone (Work	k) Telepl	none	(Cell 1)	Telephone (Cell 2)	Fax	
	<u> </u>	В	usine	ess Address			
Street: City/Community:							
Country:			P.O. Box:				
Telephone (Home	e) Telephone (Wo	rk) Telej	ohone	e (Cell 1)	Telephone (Cell 2)	Fax	

SECTION III	MAIN SUBJECT ACCOUNT DETAILS							
1. Name on Account	:							
Account Number(s):			Date Opened:					
Account Type:				Date Closed:				
Account Currency:				bank(s) or financial in	etitution(e) involved in			
_) □ EC (XCD) □ Poun	۲ (۵)	transaction:	Darik(3) Or illiancial illi	siliation(s) involved in			
, ,) LI EC (ACD) LI Poull	u (£)	tranoaction.					
☐ Other (Specify):								
	atory(ies) & Address							
Last Name:	Firs	t Name:	T = : .=	Middle Na	me:			
Street:			City/Commu	unity:				
Country:	T = 1		P.O. Box:	I = (2 !! 2)	Τ=			
Telephone (Home)	Telephone (Work)	Leleph	one (Cell 1)	Telephone (Cell 2)	Fax			
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	atory(ies) & Address	rst Name		Middle Ne				
Last Name: Street:	[isi name	city/Community	Middle Na	me.			
Country:			P.O. Box:	y.				
Telephone (Home)	Telephone (Work)	Telenh	one (Cell 1)	Telephone (Cell 2)	Fax			
relephone (Home)	relephone (vvolk)	Генерия	one (oen i)	relephone (Gen 2)	1 ax			
	•			•	•			
2. Name of Accoun								
Account/Policy Number	er(s):		Date Opened:					
Account Type:			Date Closed:					
Policy Type:			NI C (I		('((' /) ' 1 1			
Account Currency:	. = = -		Name of other bank(s) or financial institution(s) involved in transaction:					
) ☐ EC (XCD) ☐ Poun	d (£)	transaction.					
☐ Other (Specify):								
	atory(ies) & Address							
Last Name:	Firs	t Name:	Middle Name:					
Street:			City/Community:					
Country:	T = 1		P.O. Box:					
Telephone (Home)	Telephone (Work) Teleph		one (Cell 1)	Telephone (Cell 2)	Fax			
	atory(ies) & Address							
Last Name: First Name: Middle Name:								
Street:			City/Community:					
Country:	1		P.O. Box:	T = 1	Γ_			
Telephone (Home)	Telephone (Work)	Teleph	one (Cell 1)	Telephone (Cell 2)	Fax			

Section IV Characterisation of Report							
(This section should be us					vould better as	sist in	
D + (" - :	determining		e report should be cla				
Drug Trafficking			Suspicious Transacti				
Fraud			Suspicious Wire Trai				
Money Laundering			☐ Incoming ☐ Out Suspicious Activity	igoing Transaction	on		
Organised Crime			Tax Evasion				
Proliferation Financing			Terrorist Financing				
Refusal to provide Due Dilige Information	nce		Unusual Large Cash				
Smuggling			Other:				
Transaction completed			□Yes	□No			
suspicious of possible criminal activity involving money laundering, the financing of terrorism or proliferation financing. It does not require you to collect evidence or abide by any rules of evidence. It will NEVER be used in any court, criminal or civil. The actual report will NEVER be passed to a third party for use either in civil or criminal investigation. It is a report by you to the Financial Investigation Agency and will be treated as CONFIDENTIAL INFORMATION only. Summary Name and Signature of Money Laundering Reporting Officer/Reporting Entity:							
Section V FOR OFFICIAL USE ONLY							
Received by: Position	on		Signature		Date		
Entered in Database:				/7 NI			
			☐ Yes	□ No			
Date Entered:							
Feedback Sent: ☐ Yes ☐ No							