



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
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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.

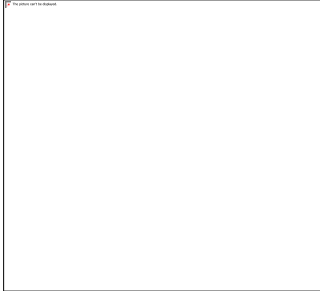
If a fine is imposed as an administrative penalty, the amount that will be imposed for failure to comply with the suspicious transaction reporting obligations is US\$70,000 for an individual.

IMPORTANT: WHERE APPLICABLE, ALL FIELDS MUST BE COMPLETED

SECTION I		STR REPORT DETAILS	
Reporting Entity STR Reference No.:			
Date:	(DD/MM/YYYY)	Date of Original Report:	(DD/MM/YYYY)
Name and Type of Reporting Institution:		Name of Reporting Officer/Reporting Entity:	
Type of Disclosure:	Initial Report <input type="checkbox"/>	Supplemental Report <input type="checkbox"/>	Correction Report <input type="checkbox"/>

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.*

INDIVIDUAL**Click to Select Photo.**

Last Name:

Middle Name:

First Name:

Date of Birth:

Gender:

Alias:

Place of Birth:

Occupation:

Nationality:

Country of Residence:

Street:

City/Community:

Country:

P.O. Box:

Telephone (Home)

Telephone (Work)

Telephone (Cell 1)

Other

Fax

DETAILS OF IDENTIFICATION (ID)**a. ID No. 1**

ID Type:

ID Number:

Date of Issue:

Date of Expiry:

Place of Issue:

b. ID No. 2

ID Type:

ID Number:

Date of Issue:

Date of Expiry:

Place of Issue:

Additional Notes:

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

COMPANY DETAILS				
Name of Company:		Company No.:		
Date of Incorporation:		Company Type: <input type="checkbox"/> BVIBC <input type="checkbox"/> Local Company <input type="checkbox"/> Trust <input type="checkbox"/> Other:		
Registered Agent:				
Street:		City/Community:		
Country:		P.O. Box:		
Telephone (Home)	Telephone (Work)	Telephone (Cell 1)	Telephone (Cell 2)	Fax
Director(s) Beneficial Owner(s) Shareholder(s), Address(es) & Identification				
Beneficial Owner <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> (Please select appropriate one)				
Last Name:		First Name:		Middle Name:
Identification				
Identification Type:			Identification Number:	
Date of Birth:		Place of Birth:		
Date of Issue:		Date of Expiry:		
Place of Issue:				
Residential Address				
Street:		City/Community:		
Country:		P.O. Box:		
Telephone (Home)	Telephone (Work)	Telephone (Cell 1)	Telephone (Cell 2)	Fax
Business Address				
Street:		City/Community:		
Country:		P.O. Box:		
Telephone (Home)	Telephone (Work)	Telephone (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:			Name of other bank(s) or financial institution(s) involved in transaction:			
<input type="checkbox"/> Euro (€) <input type="checkbox"/> US (US) <input type="checkbox"/> EC (XCD) <input type="checkbox"/> Pound (£)						
<input type="checkbox"/> Other (Specify):						
a. Authorised Signatory(ies) & Address(es)						
Last Name:		First Name:		Middle Name:		
Street:			City/Community:			
Country:			P.O. Box:			
Telephone (Home)	Telephone (Work)	Telephone (Cell 1)	Telephone (Cell 2)	Fax		
b. Authorised Signatory(ies) & Address(es)						
Last Name:		First Name:		Middle Name:		
Street:			City/Community:			
Country:			P.O. Box:			
Telephone (Home)	Telephone (Work)	Telephone (Cell 1)	Telephone (Cell 2)	Fax		
2. Name of Account:						
Account/Policy Number(s):			Date Opened:			
Account Type:			Date Closed:			
Policy Type:						
Account Currency:			Name of other bank(s) or financial institution(s) involved in transaction:			
<input type="checkbox"/> Euro (€) <input type="checkbox"/> US (US) <input type="checkbox"/> EC (XCD) <input type="checkbox"/> Pound (£)						
<input type="checkbox"/> Other (Specify):						
a. Authorised Signatory(ies) & Address(es)						
Last Name:		First Name:		Middle Name:		
Street:			City/Community:			
Country:			P.O. Box:			
Telephone (Home)	Telephone (Work)	Telephone (Cell 1)	Telephone (Cell 2)	Fax		
b. Authorised Signatory(ies) & Address(es)						
Last Name:		First Name:		Middle Name:		
Street:			City/Community:			
Country:			P.O. Box:			
Telephone (Home)	Telephone (Work)	Telephone (Cell 1)	Telephone (Cell 2)	Fax		

