**IMPORTANT:** Complete using information obtained during normal course of the transaction. The report should be completed as soon as practicable AFTER the dealing, and a copy forwarded to:

# THE DIRECTOR, FINANCIAL INTELLIGENCE UNIT

**ANTI-MONEY LAUNDERING AUTHORITY**

**P.O. BOX 1372 Bridgetown, Barbados**

**FACSIMILE NO. (246) 436-4756**

Email: **adminfiu@barbados.gov.bb**

For urgent reporting – Tel. (246) 436-4734/5

**CONFIDENTIAL**

**SUSPICIOUS/UNUSUAL**

**TRANSACTION REPORT**

**PLEASE TYPE INFORMATION OR WRITE**

**IN BLOCK LETTERS**

**FOR OFFICIAL USE ONLY FIU Reference No.: ……………………………**

**PART A – Initial Information**

1.  Completed Transaction  Attempted/Aborted Transaction

Terrorist Designation  Counter-Proliferation Designation

2. Is this report a correction or follow-up to a Report previously submitted?

NO  YES

(Skip to No.4)  Correction

Follow-up

|  |  |  |
| --- | --- | --- |
| D M Y |  |  |

3. If yes, original Report’s date

|  |  |  |
| --- | --- | --- |
|  |  |  |

4. Reporting date

D M Y

…/2

5. Which one of the following reporting entities best describes you:-

Accountant  Life Insurance Broker/Agent

Attorney-at-Law  Life Insurance Company

Commercial Bank  Merchant Bank

Cooperative Society  Money Service Business/Money or Value

Credit Union Transmission Services

Corporate &/or Trust Service Provider  Mutual Fund Administrator/Manager

Dealer in Precious Metals &/ or Stones  Real Estate Agent/Entity

Finance Company  Regulator

Gaming Institution  Securities Dealer

General Insurance Company  Trust Company/Corporation

International/Offshore Bank  Other …………………………..

**Part B – Identity of Customer/Client 1**

1.Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text.

Surname Given Name Middle Name(s)

4. Click or tap here to enter text. 5. Click or tap here to enter text.

Alternative Names/Spelling Address(es)

6. Click or tap here to enter text. 7. Click or tap here to enter text.

Nationality/(ies) Date of Birth (D/M/Y)

8. Identifier #1  ID Card 9. Click or tap here to enter text.

Passport ID No.(1)

Driver’s License 10. Click or tap here to enter text.

Other…………………… Place of Issue

11. Identifier #2  ID Card 12. Click or tap here to enter text.

Passport ID No.(2)

Driver’s License 13. Click or tap here to enter text.

Other Place of Issue

14. Click or tap here to enter text. 15. Click or tap here to enter text.

Occupation Employer

|  |  |
| --- | --- |
| 16. Click or tap here to enter text.  Telephone # (Include area Code) (H) | Click or tap here to enter text.  Telephone # (Include area code) (W) |
| Click or tap here to enter text.  Telephone # (Include area Code) (C) |  |

|  |  |
| --- | --- |
| 17. Click or tap here to enter text.  Email Address(es) | Click or tap here to enter text.  Email address(es) |

18.Click or tap here to enter text.  Personal

Account Number(s)  Corporate

Trust

Other Click or tap here to enter text.

19. Click or tap here to enter text.

State if account is joint, other signatories, etc

20. Click or tap here to enter text.

Provide other account(s) customer may have at institution, include account type, whether joint, other signatories, etc.

**CUSTOMER/CLIENT 2**

1. Click or tap here to enter text. 2.Click or tap here to enter text. 3. Click or tap here to enter text.

Surname Given Name Middle Name(s)

4. Click or tap here to enter text. 5. Click or tap here to enter text.

Alternative names/Spelling

Click or tap here to enter text.

Address(es)

6. Click or tap here to enter text. 7. Click or tap here to enter text.

Date of Birth (D/M/Y)

8. Identifier #1  ID Card 9. Click or tap here to enter text.

Passport ID No.(1)

Driver’s License 10. Click or tap here to enter text.

Other Place of Issue

11. Identifier #2  ID Card 12. Click or tap here to enter text.

Passport ID No.(2)

Driver’s License 13. Click or tap here to enter text.

Other ……………………… Place of Issue

14. Click or tap here to enter text.. 15. Click or tap here to enter text.

Occupation Employer

|  |  |
| --- | --- |
| 16. Click or tap here to enter text.  Telephone # (Include area Code) (H) | Click or tap here to enter text.  Telephone # (Include area code) (W) |
| Click or tap here to enter text.  Telephone # (Include area Code) (C) |  |

|  |  |
| --- | --- |
| 17. Click or tap here to enter text.  Email Address(es) | Click or tap here to enter text.  Email address(es) |

18. Click or tap here to enter text.  Personal

Account Number(s)  Corporate

Trust

Other Click or tap here to enter text.

19. Click or tap here to enter text.

State if account is joint, other signatories, etc

20. Provide other account(s) customer may have at institution, include account type, whether joint, other signatories, etc.

Click or tap here to enter text.

***Customer 2 applies where there is a transfer between customers.***

**CUSTOMER/CLIENT – Company**

|  |  |
| --- | --- |
| Name:  Please enter the name of your company. | Date of Incorporation:  Click or tap to enter a date. |
| Share Capital  Click or tap here to enter text. | Country of Incorporation  Click or tap here to enter text. |
| Number  Click or tap here to enter text. | Type Choose an item. |
| Business Activity  Click or tap here to enter text. | Website  Click or tap here to enter text. |
| Relationship to Company:  Please enter the relationship |  |

|  |  |
| --- | --- |
| Items in Relationship to Company Drop-Down Box | |
| Legal Officer  Chief Executive Officer  Chief Financial Officer | Nominee Director  Shareholder  Director |
| Items in ‘Type’: Drop-Down Box | |
| Accountant | Attorney-at-Law |
| Commercial Bank |  |

1. Click or tap here to enter text. 2.Click or tap here to enter text. 3. Click or tap here to enter text.

Surname Given Name Middle Name(s)

4. Click or tap here to enter text. 5. Click or tap here to enter text.

Alternative names/Spelling

Click or tap here to enter text.

Address(es)

6. Click or tap here to enter text. 7. Click or tap here to enter text.

Date of Birth (D/M/Y)

8. Identifier #1  ID Card 9. Click or tap here to enter text.

Passport ID No.(1)

Driver’s License 10. Click or tap here to enter text.

Other Place of Issue

11. Identifier #2  ID Card 12. Click or tap here to enter text.

Passport ID No.(2)

Driver’s License 13. Click or tap here to enter text.

Other ……………………… Place of Issue

14. Click or tap here to enter text.. 15. Click or tap here to enter text.

Occupation Employer

|  |  |
| --- | --- |
| 16. Click or tap here to enter text.  Telephone # (Include area Code) (H) | Click or tap here to enter text.  Telephone # (Include area code) (W) |
| Click or tap here to enter text.  Telephone # (Include area Code) (C) |  |

|  |  |
| --- | --- |
| 17. Click or tap here to enter text.  Email Address(es) | Click or tap here to enter text.  Email address(es) |

18. Click or tap here to enter text.  Personal

Account Number(s)  Corporate

Trust

Other ………………………………..

19. Click or tap here to enter text.

State if account is joint, other signatories, etc

20. Click or tap here to enter text.

Provide other account(s) customer may have at institution, include account type, whether joint, other signatories, etc.

***Customer/Client 2 applies where there is a transfer between customers.***

**PART C** – To be completed only if the transaction was conducted on behalf of another person/entity other than those mentioned in Part B.

1. Click or tap here to enter text. 2.Click or tap here to enter text. 3. Click or tap here to enter text.

Surname Given Name Middle Name(s)

4. Click or tap here to enter text. 5. Click or tap here to enter text.

Alternative names/Spelling

Click or tap here to enter text.

Address(es)

6. Click or tap here to enter text. 7. Click or tap here to enter text.

Date of Birth (D/M/Y)

8. Identifier #1  ID Card  Certificate of Incorporation

Passport  Registration for Business Name

Driver’s License

OtherClick or tap here to enter text.

9. Click or tap here to enter text. 10. Click or tap here to enter text. 11. Click or tap here to enter text.

ID No.(1) Place of Issue Occupation/Type of Business

|  |  |
| --- | --- |
| 12. Click or tap here to enter text.  Employer | 13. Click or tap here to enter text.  Telephone (#1)- area code (H) |
| Click or tap here to enter text.  Telephone (#2 ) - area code (W) | Click or tap here to enter text.  Telephone (#3)- area code (C) |

14. Click or tap here to enter text. Click or tap here to enter text.

Email Address #1 Email Address #2

15. Click or tap here to enter text.

Account Number(s)

16. Click or tap here to enter text.

State if a/c joint, other signatories, etc

**PART D** – Transaction Details

1. Type of Transaction

Cash Out  Conducted Currency Exchange

Deposit to an account Cash/Cheque  Inter-account transfer

Life Insurance Policy purchased/deposit  Outgoing electronic funds transfer

Purchase of bank draft  Purchase of diamonds

Purchase of Jewelry  Purchase of money order

Purchase of precious metals/stones  Purchase of traveller’s cheques

Securities  Purchase of Gold

Real Estate Purchase

Other …………………………

|  |  |  |
| --- | --- | --- |
|  |  |  |

2. Date(s) of transaction(s)

D M Y

3. Click or tap here to enter text. 4. Click or tap here to enter text.

Amount & Currency BBD $ Equivalent

5. Click or tap here to enter text. 6. Click or tap here to enter text.

Name of drawer/Ordering Customer Name of Payee/beneficiary

7. Click or tap here to enter text.

Other bank involved, other Country

**Please provide copies of relevant documents (e.g. bank statements, real estate documents, etc. ) for suspicious or unusual activity and identification and verification information.**

**PART E** – Grounds for Suspicion

(Please describe clearly and completely the factors or unusual circumstances that led you to suspect that the transaction(s) involve(s) the proceeds of crime, involve(s) the financing of terrorism, is of a suspicious or unusual nature.)

If the report relates to attempted transaction(s), describe why each one was not completed.

Click or tap here to enter text.

**PART E2**

If additional information is attached, please tick box ⬜

**PART E3**

If identity of the customer has not been established in PART B and they are not known to the officer, give a description (e.g., sex, approximate age, height, built, ethnicity, complexion, etc.)

Click or tap here to enter text.

**PART F** -  **Suspected Offences**

|  |  |
| --- | --- |
| Participation in an organised criminal group and racketeering  Terrorism, including terrorist financing;  Trafficking in human beings and migrant smuggling  Sexual exploitation, including sexual exploitation of children  Illicit trafficking in narcotic drugs and psychotropic substances  Illicit arms trafficking; and illicit trafficking in stolen and other goods  Corruption and bribery  Fraud  Counterfeiting currency | Counterfeiting and piracy of products  Environmental crime  Murder, grievous bodily injury  Kidnapping, illegal restraint and hostage-taking  Robbery or theft  Smuggling; (including in relation to customs and excise duties and taxes)  Tax crimes (related to direct taxes and indirect taxes)  Extortion  Piracy Forgery  Insider trading and market manipulation  Proliferation Financing |

**PART G** - **Details of financial institution/place of transaction**

1. Click or tap here to enter text. 2. Click or tap here to enter text.

Organisation Branch where transaction occurred if applicable

3. Click or tap here to enter text. 4. Click or tap here to enter text.

Name and Title of Reporting Officer Signature of Reporting Officer

5.Click or tap here to enter text. 6. Click or tap here to enter text.

Dealers internal reference number Reporting Officer‘s direct telephone number