**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

3. If yes, original Report’s date: Click here to enter a date.

4. Reporting date: Click here to enter a date.

…/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. Date of Birth

 Nationality/(ies) (MM/DD/YYYY)

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 Address (es)

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

6. Click or tap here to enter text. 7. Date of Birth

 Nationality/(ies) (MM/DD/YYYY)

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 the company. | Date of Incorporation:Click or tap to enter a date. |
| Share CapitalClick or tap here to enter text. | Country of IncorporationClick or tap here to enter text. |
| NumberClick or tap here to enter text. | Type of Company Click or tap here to enter text.  |
| Business ActivityClick or tap here to enter text. | WebsiteClick or tap here to enter text.  |
| Relationship to Company: Please enter the relationship |  |

|  |
| --- |
| Items in Relationship to Company Drop-Down Box |
| Legal OfficerChief Executive OfficerChief Financial Officer  | DirectorShareholderBeneficial OwnerNominee Director |

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. Date of Birth

 Nationality/(ies) (MM/DD/YYYY)

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 Address (es)

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

6. Click or tap here to enter text. 7. Date of Birth

 Nationality/(ies) (MM/DD/YYYY)

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)

DD MM YYYY

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.)

**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 [ ] Unknown |

**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