



FINANCIAL
INTELLIGENCE UNIT
REPUBLIC OF MAURITIUS

SUSPICIOUS TRANSACTION REPORT

SECTION 14 & 15

FINANCIAL INTELLIGENCE AND ANTI-MONEY LAUNDERING ACT, 2002 (FIAMLA)

SEND COMPLETED FORM BY REGISTERED POST OR HAND DELIVERY TO:

FINANCIAL INTELLIGENCE UNIT
7TH FLOOR, EBÈNE HEIGHTS
34, EBÈNE CYBERCITY EBÈNE
MAURITIUS

OR SEND COMPLETED FORM BY FAX: (230) 466 2431

KINDLY FILL IN **CAPITAL**. PLEASE TYPE OR PRINT. ALWAYS COMPLETE ENTIRE REPORT. PLEASE SEE GUIDANCE NOTE 3 FOR MORE DETAILS ABOUT STR BEFORE COMPLETING THE FORM.

PART I REPORT DETAILS

1.1	REPORT TYPE:*	<input type="text"/>	
1.2	ENTITY REFERENCE NO.:	<input type="text"/>	
1.3	FIU REFERENCE NO.:	<input type="text"/>	
1.4	SUBMISSION DATE:*	<input type="text"/>	SIGNATURE OF MLRO/RP:*

PART II INFORMATION ON REPORTING ENTITY/PERSON

2.1.A REPORTING ENTITY DETAILS

BUSINESS TYPE:*	<input type="text"/>
PLEASE PROVIDE DETAILS FOR 'OTHERS':	<input type="text"/>
NAME OF REPORTING ENTITY:*	<input type="text"/>
ACRONYM:*	<input type="text"/>
SECTOR:	<input type="text"/>

2.1.B PARTICULARS OF THE MONEY LAUNDERING REPORTING OFFICER/CONTACT PERSON

FIRST NAME:*	<input type="text"/>		
LAST NAME:*	<input type="text"/>		
DATE OF BIRTH:	<input type="text"/>	NIC:	<input type="text"/>
OCCUPATION:	<input type="text"/>		

2.2 ADDRESS*

STREET ADDRESS:	<input type="text"/>
CITY:	<input type="text"/>
COUNTRY:	<input type="text"/>

2.3 PHONE*

TELEPHONE NO:	<input type="text"/>	FAX NO:	<input type="text"/>
---------------	----------------------	---------	----------------------

2.4 SUPERVISION

SUPERVISED BY:	<input type="text"/>
----------------	----------------------

2.5 TOTAL NUMBER OF PAGES ATTACHED TO THIS STR	<input type="text"/>
--	----------------------

PART III INFORMATION ON SUSPICION

3.1 INDICATORS

IN/TYP/OFF 1:	<input type="text"/>
IN/TYP/OFF 2:	<input type="text"/>
IN/TYP/OFF 3:	<input type="text"/>
IN/TYP/OFF 4:	<input type="text"/>
IN/TYP/OFF 5:	<input type="text"/>
IN/TYP/OFF 6:	<input type="text"/>

PLEASE PROVIDE DETAILS FOR 'OTHERS':

3.2 DESCRIPTION OF SUSPICIOUS ACTIVITY *

THIS SECTION OF THIS REPORT IS CRITICAL.

DESCRIBE CLEARLY AND COMPLETELY THE FACTS OR UNUSUAL CIRCUMSTANCES THAT LED TO THE SUSPICION OF MONEY LAUNDERING OR TERRORIST FINANCING. THE CARE WITH WHICH THIS SECTION IS WRITTEN MAY MAKE THE DIFFERENCE IN WHETHER OR NOT THE DESCRIBED CONDUCT AND ITS POSSIBLE CRIMINAL NATURE ARE CLEARLY UNDERSTOOD.

IF THIS FIELD DOES NOT PROVIDE SUFFICIENT SPACE, PLEASE REPORT ONLY A SHORT SUMMARY, THEN INCLUDE THE ENTIRE TEXT (NOT A CONTINUATION OF WHAT APPEARS IN THE "REASON" FIELD) IN A DOCUMENT ATTACHED TO THE REPORT.

3.3 MATERIAL IMPACT *

HAS THERE BEEN A MATERIAL IMPACT ON THE FINANCIAL SOUNDNESS OF THE REPORTING ENTITY?
IF YES, EXPLAIN HOW.

PART IV DESCRIPTION OF ACTION TAKEN*

WHAT ACTION WAS OR WILL BE TAKEN BY YOU AS A RESULT OF THE SUSPICIOUS TRANSACTION(S).
STATE ALSO WHETHER THE SUSPECT MADE ANY VOLUNTARY STATEMENT AS TO THE ORIGIN OR SOURCE OF THE PROCEEDS. KINDLY ENCLOSE COPY OF THE STATEMENT, IF ANY.

IF THIS FIELD DOES NOT PROVIDE SUFFICIENT SPACE, PLEASE REPORT ONLY A SHORT SUMMARY, THEN INCLUDE THE ENTIRE TEXT (NOT A CONTINUATION OF WHAT APPEARS IN THE "ACTION TAKEN" FIELD) IN A DOCUMENT ATTACHED TO THE REPORT.

PART V TRANSACTION DETAILS

5.1 TRANSACTION NO:* 5.2 TRANSACTION DATE:*

5.3 DATE OF POSTING IF DIFFERENT FROM DATE OF TRANSACTION:

5.4 TRANSACTION MODE: *

5.5 DATE TRANSACTION DETECTED:*

5.6 CURRENCY TYPE: 5.7 FOREIGN AMOUNT:

5.8 EXCHANGE RATE: 5.9 LOCAL AMOUNT:*

5.10 DESCRIPTION:*

NOTE:

PLEASE COMPLETE SECTION 5.11, IF THE TRANSACTION INVOLVES ITEMS OF ANY KIND E.G GOODS AND SERVICES.

IF THE FIELD FOR DESCRIPTION DOES NOT PROVIDE SUFFICIENT SPACE, PLEASE REPORT ONLY A SHORT SUMMARY, THEN INCLUDE THE ENTIRE TEXT (NOT A CONTINUATION OF WHAT APPEARS IN THE "DESCRIPTION" FIELD) IN A DOCUMENT ATTACHED TO THE REPORT.

5.11 GOODS AND SERVICES

IF TRANSACTION INCLUDES ANY GOODS OR SERVICE PLEASE PROVIDE THE FOLLOWING DETAILS:

ITEM TYPE:*

COMMENTS:

PREVIOUSLY REGISTERED TO: (PLEASE PROVIDE DETAILS ON EACH PARTY INVOLVED IN PART VII OR PART VIII)

PRESENTLY REGISTERED TO:

ESTIMATE VALUE:

STATUS CODE:

DISPOSED VALUE:

5.12 LOCATION OF OFFICE CONDUCTING THE TRANSACTION

STREET ADDRESS:

CITY:

5.13 NAME OF OFFICERS DEALING WITH THE SUSPICIOUS TRANSACTION*

NAME OF PERSONS	REPORTING ENTITY	CAPACITY IN WHICH DEALING WITH TRANSACTION

5.14 TRANSACTION TYPE*

IF TRANSACTION TYPE IS BI-PARTY, THEN SELECT APPROPRIATE PARTY TYPE:

FROM TYPE: MY CLIENT NOT MY CLIENT

PARTY TYPE: ACCOUNT ENTITY PERSON

TO TYPE: MY CLIENT NOT MY CLIENT

PARTY TYPE: ACCOUNT ENTITY PERSON

IF TRANSACTION TYPE IS MULTI-PARTY, THEN SELECT APPROPRIATE NUMBER OF INVOLVED PARTIES:

PARTY IS	PARTY TYPE		
	MY CLIENT	ACCOUNT	ENTITY
MY CLIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOT MY CLIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE:

IN SECTION 5.10, CLEARLY INDICATE THE PARTIES THAT ARE LINKED TO THE TRANSACTION BEING REPORTED. FULL DESCRIPTION OF PARTIES MUST BE PROVIDED IN PARTS VI, VII AND VIII WHERE RELEVANT.

IN CASE YOU ARE REPORTING SEVERAL TRANSACTIONS, PLEASE REPEAT INFORMATION IN PART V FOR EACH TRANSACTION.

PART VI		ACCOUNT DETAILS	
6.1	TRANSACTION NO:	<input type="text"/>	PARTY IS: <input type="text"/>
6.2	ROLE:	<input type="text"/>	
6.3	FUNDS TYPE:	<input type="text"/>	6.4 COUNTRY: <input type="text"/>
6.5	ACCOUNT NUMBER:	<input type="text"/>	
6.6	NAME OF ACCOUNT HOLDER:	<input type="text"/>	
6.7	INSTITUTION NAME:	<input type="text"/>	
6.8	A/C TYPE:	<input type="text"/>	6.9 A/C CURRENCY: <input type="text"/>
6.10	A/C STATUS:	<input type="text"/>	
6.11	OPENED ON:	<input type="text"/>	6.12 CLOSED ON: <input type="text"/>
6.13	BALANCE IN ACCOUNT AT DATE OF REPORTING:	<input type="text"/>	DATE OF BALANCE: <input type="text"/>
COMMENTS:			<input type="text"/>
NOTE:			PLEASE PROVIDE DETAILS FOR 'OTHER' AND ANY COMMENTS DEEMED NECESSARY
<p>IN CASE THERE ARE SEVERAL ACCOUNTS INVOLVED IN THE TRANSACTION, PLEASE REPEAT INFORMATION IN PART VI FOR EACH ACCOUNT BEING REPORTED. DETAILS ON ENTITY/INDIVIDUAL HOLDING THE ACCOUNT <u>MUST</u> BE PROVIDED IN PART VII/PART VIII. DETAILS ON SIGNATORIES TO THE ACCOUNT <u>MUST</u> BE PROVIDED IN PART VIII IF THE ABOVE ACCOUNT IS 'MY CLIENT' IF PARTY INVOLVED IS 'MY CLIENT' IN PART VI, THEN THE FOLLOWING FIELDS ARE MANDATORY: 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.10, 6.11, 6.13 IF PARTY INVOLVED IS 'NOT MY CLIENT' IN PART VI, THEN THE FOLLOWING FIELDS ARE MANDATORY: 6.1, 6.2, 6.3, 6.4, 6.5, 6.6</p>			

PART VII		ENTITY DETAILS	
7.1	TRANSACTION NO:	<input type="text"/>	PARTY IS: <input type="text"/>
7.2	ROLE:	<input type="text"/>	
7.3	FUNDS TYPE:	<input type="text"/>	7.4 COUNTRY: <input type="text"/>
7.5	NAME:	<input type="text"/>	
7.6	INCORPORATION LEGAL FORM:	<input type="text"/>	IF YOU SELECTED 'OTHER', PLEASE PROVIDE DETAILS IN THE 'COMMENTS' BOX BELOW
7.7	BUSINESS SECTOR:	<input type="text"/>	7.8 DATE OF INCORP.: <input type="text"/>
7.9	INCORP. NUMBER:	<input type="text"/>	7.10 COUNTRY OF INCORP.: <input type="text"/>
7.11	STREET ADDRESS:	<input type="text"/>	
7.12	CITY:	7.13 COUNTRY: <input type="text"/>	7.14 TELEPHONE NO: <input type="text"/>
COMMENTS:			<input type="text"/>
NOTE:			PLEASE PROVIDE DETAILS FOR 'OTHER' OR ANY OTHER COMMENTS DEEMED NECESSARY
<p>IN CASE THERE ARE SEVERAL ENTITIES INVOLVED IN THE TRANSACTION, PLEASE REPEAT INFORMATION IN PART VII FOR EACH ENTITY BEING REPORTED. DETAILS ON PERSONS LINKED TO THE ENTITY <u>MUST</u> BE PROVIDED IN PART VIII IF ABOVE ENTITY IS 'MY CLIENT'. IF PARTY INVOLVED IS 'MY CLIENT' IN PART VII, THEN THE FOLLOWING FIELDS ARE MANDATORY: 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 7.10, 7.11, 7.12, 7.13 IF PARTY INVOLVED IS 'NOT MY CLIENT' IN PART VII, THEN THE FOLLOWING FIELDS ARE MANDATORY: 7.1, 7.2, 7.3, 7.4, 7.5</p>			

PART VIII		PERSON DETAILS	
8.1	TRANSACTION NO:	<input type="text"/>	PARTY IS: <input type="text"/>
8.2	ROLE:	<input type="text"/>	
8.3	FUNDS TYPE:	<input type="text"/>	8.4 COUNTRY: <input type="text"/>
8.5	GENDER:	<input type="text"/>	
8.6	FIRST NAME:	<input type="text"/>	
8.7	LAST NAME:	<input type="text"/>	
8.8	STREET ADDRESS:	<input type="text"/>	
8.9	CITY:	<input type="text"/>	8.10 COUNTRY: <input type="text"/>
8.11	TELEPHONE NO:	<input type="text"/>	8.12 DATE OF BIRTH: <input type="text"/>
8.13	NATIONALITY:	<input type="text"/>	8.14 RESIDENCE: <input type="text"/>
8.15	IDENTIFIER:	<input type="text"/>	NUMBER: <input type="text"/>
8.16	IF INSIDER RELATIONSHIP, PLEASE SPECIFY IF	<input type="text"/>	
	DATE OF SUSPENSION/TERMINATION/RESIGNATION:	<input type="text"/>	
8.17	IF PERSON IS SIGNATORY TO ACCOUNT IN PART VI, PLEASE COMPLETE THE FOLLOWING SECTION:		
	<input type="checkbox"/> IS A PRIMARY SIGNATORY	ROLE:	<input type="text"/>
8.18	IF PERSON IS LINKED TO ENTITY IN PART VII, PLEASE COMPLETE THE FOLLOWING SECTION:		
	ROLE:	<input type="text"/>	IF YOU SELECTED 'OTHER', PLEASE PROVIDE DETAILS IN THE 'COMMENTS' BOX BELOW
COMMENTS:			<input type="text"/>
NOTE:			PLEASE PROVIDE DETAILS FOR 'OTHER' OR ANY OTHER COMMENTS DEEMED NECESSARY
<p>IN CASE THERE ARE SEVERAL PERSONS INVOLVED IN THE TRANSACTION AND/OR SEVERAL SIGNATORIES TO THE ACCOUNT MENTIONED IN PART VI AND/OR SEVERAL PERSONS LINKED TO THE ENTITY MENTIONED IN PART VII, REPEAT INFORMATION IN PART VIII FOR EACH PERSON BEING REPORTED. IF PARTY INVOLVED IS 'MY CLIENT' IN PART VIII, THEN THE FOLLOWING FIELDS ARE MANDATORY: 8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 8.10, 8.12, 8.13, 8.14, 8.15 IF PARTY INVOLVED IS 'NOT MY CLIENT' IN PART VIII, THEN THE FOLLOWING FIELDS ARE MANDATORY: 8.1, 8.2, 8.3, 8.4, 8.6, 8.7</p>			