**MAIL TO:**

**The Director**

**Financial Investigation Agency**

**2nd Floor, Ritter House, Wickham’s Cay ll, Road Town, Tortola**

**Virgin Islands**

**Telephone: (284)-494-1335**

**Fax: (284)-494-1435**

**Email:** [**reportingauthoritygroup**](mailto:reportingauthoritygroup@fiabvi.vg)**@fiabvi.vg Website:** [**www.fiabvi.vg**](http://www.fiabvi.vg/)

**CONFIDENTIAL**



**INFORMATION REPORT**

**THIS FORM IS MADE IN ACCORDANCE WITH SECTION 26A OF THE PROCEEDS OF CRIMINAL CONDUCT ACT, 1997, AS AMENDED.**

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

Information Reports should be submitted in cases where the reporting entity is in possession of information or intelligence that can assist the Financial Investigation Agency (“FIA”) with its investigation and analysis functions as it relates to money laundering, terrorist financing, proliferation financing and all other financial crimes.

All the information that supports the Information Report should be attached together with any additional information which would assist the FIA to further its investigation and analysis.

In cases where the number of legal and/or natural persons reported in the Information 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 Information 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 any information that can assist it in combatting financial crimes within the Territory.

**IMPORTANT: WHERE APPLICABLE, ALL FIELDS MUST BE COMPLETED**

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| **SECTION I** | **INFORMATION REPORT DETAILS** | | |
| Reporting Entity VIR  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 ☐ Supplemental Report ☐ Correction Report ☐ | | | |

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| **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 |
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|  | **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.)** | | | | | | | | | | | |



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| **COMPANY DETAILS** | | | | | | | | | | | | | | | |
| Name of Company: | | | | | | | Company No.: | | | | | | | | |
| Date of Incorporation: | | | | | | | Company Type: ☐BVIBC ☐Local Company ☐Trust   * 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 Director Shareholder (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 |
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| **SECTION III** | **MAIN SUBJECT ACCOUNT DETAILS** | | | | | | | | |
| **1.** Name on Account: | | | | | | | | | |
| Account Number(s): Account Type:  : | | | | | Date Opened:  Date Closed: | | | | |
| Account Currency:   * Euro (€) ☐ US (US) ☐ EC (XCD) ☐ Pound (£) * Other (Specify): | | | | | Name of other bank(s) or financial institution(s) involved in transaction: | | | | |
| **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 |
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| **2. Name of Account:** | | | | | | | | | |
| Account/Policy Number(s): Account Type:  Policy Type: | | | | | Date Opened: Date Closed: | | | | |
| Account Currency:   * Euro (€) ☐ US (US) ☐ EC (XCD) ☐ Pound (£) * Other (Specify): | | | | | Name of other bank(s) or financial institution(s) involved in transaction: | | | | |
| **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 |
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| **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 |

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| **Section IV** | | **Characterisation of Report** | | | | | | | |
| **(This section should be used to append attributes about the report being filed that would better assist in determining how the report should be classified.)** | | | | | | | | |  |
| Drug Trafficking | | | | | ☐ | Suspicious Transactions | | ☐ |
| Fraud | | | | | ☐ | Suspicious Wire Transfer   * Incoming ☐ Outgoing Transaction | | ☐ |
| Money Laundering | | | | | ☐ | Suspicious Activity | | ☐ |
| Organised Crime | | | | | ☐ | Tax Evasion | | ☐ |
| Proliferation Financing | | | | | ☐ | Terrorist Financing | | ☐ |
| Refusal to provide Due Diligence Information | | | | | ☐ | Unusual Large Cash | | ☐ |
| Smuggling | | | | | ☐ | Other: | | |
| *Transaction completed* ☐*Yes* ☐*No* | | | | | | | | |
| **Reason(s) for Suspicion** | | | | | | | | |
| **(Please give as much details as possible. Continue on additional sheets if necessary.)**  **This is a disclosure of your suspicions, based on what is believed or known to you at the time, has caused you to be 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: | | | | | | | | |
| Date: | | | | | | | | |
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| **Section V** | **FOR OFFICIAL USE ONLY** | | | | | | | | |
| **………………………………………. ………………………………………** | | | | | | | | |  |
| Received by: | Position | | | Signature | | | Date | |
|  | | | | | | | | |
| Entered in Database: | | | * Yes *☐* No | | | | | |
| Date Entered: | | | ……………………………................................................................................................ | | | | | |
| Feedback Sent: | | | * Yes *☐* No | | | | | |
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