



SUSPICIOUS ACTIVITY / 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
Fax: (284)-494-1435
Email: reportingauthoritygroup@fiabvi.vg
Website: www.fiabvi.vg

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

Suspicious Activity/Transaction Reports should be submitted in cases where the Money Laundering Reporting Officer ("MLRO") 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 or the financing of terrorism.

All the information that supports the Suspicious Activity/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 Activity/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 Activity/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 Steering Committee of the FIA his suspicion or belief that an individual is engaged in money laundering or terrorist 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 activity. Based on the AML/TF Code of Practice, 2008, where a person fails to comply with the said Code, that person commits an offence and is liable on summary conviction to a fine not exceeding one hundred and fifty thousand dollars (US\$150,000) or to a term of imprisonment not exceeding two (2) years, or both.

Additionally, the Financial Services Commission and the FIA can enforce what is termed "administrative penalties" against their regulated sectors for failure to comply with statutory obligations. Failure by an employee to report a suspicious activity or transaction carries an administrative penalty of US\$70,000 for an individual.

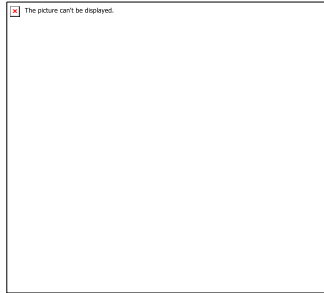
IMPORTANT: WHERE APPLICABLE, ALL FIELDS MUST BE COMPLETED

SECTION I		SAR/STR REPORT DETAILS	
Reporting Entity STR Reference No.:			
Date:		Date of Original Report:	
Name and Type of Reporting Institution:		Name of Reporting Officer:	
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:
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Country:	P.O. Box:
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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)
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Last Name:	First Name:	Middle Name:
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Identification

Identification Type:	Identification Number:
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Date of Birth:	Place of Birth:
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Date of Issue:	Date of Expiry:
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Place of Issue:

Residential Address

Street:	City/Community:
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Country:	P.O. Box:
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Telephone (Home)	Telephone (Work)	Telephone (Cell 1)	Telephone (Cell 2)	Fax

Business Address

Street:	City/Community:
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Country:	P.O. Box:
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Telephone (Home)	Telephone (Work)	Telephone (Cell 1)	Telephone (Cell 2)	Fax

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

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

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

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	<input type="checkbox"/>	Suspicious Transactions	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	Suspicious Wire Transfer <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing Transaction	<input type="checkbox"/>
Money Laundering	<input type="checkbox"/>	Suspicious Activity	<input type="checkbox"/>
Organised Crime	<input type="checkbox"/>	Tax Evasion	<input type="checkbox"/>
Proliferation Financing	<input type="checkbox"/>	Terrorist Financing	<input type="checkbox"/>
Refusal to provide Due Diligence Information	<input type="checkbox"/>	Unusual Large Cash	<input type="checkbox"/>
Smuggling	<input type="checkbox"/>	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 or the financing of terrorism. 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:

Date:

Section V

FOR OFFICIAL USE ONLY

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Received by:	Position	Signature	Date
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Entered in Database: Yes No

Date Entered:

Feedback Sent: Yes No