**CONFIDENTIAL**

**REPORTING AUTHORITY**

**The Director**

**Financial Crime & Analysis Unit  
The Reporting Authority**

**The Royal Montserrat Police Service**

**P.O. Box 177, Brades,**

**Montserrat, West Indies**

**SUSPICIOUS ACTIVITY REPORT**

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| **Notes:**   1. Complete a separate form in respect of each suspected person, company or business. 2. Either type or print this form. Please complete all sections otherwise insert “N/a”. 3. When submitting this form attach all relevant material and use additional page(s) if necessary. 4. **All Suspicious Activity Reports must be delivered by hand in an envelope marked “Confidential” addressed to:**   **The Director**  **The Financial Crime & Analysis Unit of the Reporting Authority**  **Royal Montserrat Police Service**  **Police Headquarters**  **Brades, Montserrat**  E-mail address: [fcimni@live.co.uk](mailto:fcimni@live.co.uk) |

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| **For completion by the FCAU of the Reporting Authority:**   1. ***Money Laundering Reporting Authority (MLRA) Reference No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** 2. ***Reporting Entity Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** 3. ***Name of Money Laundering Reporting Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** 4. ***Date report received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** 5. ***Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** 6. ***Date acknowledgment sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** 7. ***Action taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **1. REPORTING ENTITY DETAILS:** | | | | |
| 1. Name of Reporting Entity or Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Address of Reporting Entity or Person:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Company Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Fax No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Reporting Entity Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Date report submitted to the Reporting Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
| ***Note: The name of an individual who is authorized to discuss the contents of this report must be provided.***  ...................................................................................................................................... | | | | |
| 1. Telephone No: .......................... 2. Fax No: .................................. Direct private fax: .....................  yes no 3. Do you wish to be contacted prior to faxes being sent to this number:  yes  No | | | | |
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| l. **Types of Business** | **Tick** |  | | **Tick** | |
| Bank |  | Company Manager | |  | |
| Trust Company |  | Non-financial business or profession | |  | |
| Mutual Fund Administrator |  | Non-profit organisation | |  | |
| Insurance Manager/Agent |  | Money Service Business | |  | |
| Credit Union |  | Building Society | |  | |
| m. Nature of service(s) provided to the individual and/or entity that is the subject of this report: | | | | | |

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| **2. SUBJECT(S) OF REPORT (Natural Persons):**  ***Note: Please attach additional sheets as necessary.*** | | | |
| Surname: .................................... | First Name: ........................ | | Gender: .............................. |
|  |  | |  |
| Date of Birth: ............................. | Place of Birth: .................... | | Nationality: ......................... |
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| Occupation/Profession: ............................................................... | | | |
|  | | | |
| Address(es): ................................................................................................................................................... | | | |
| Telephone No (H): .......................... | Fax No.: .................... | | E-Mail: ................................... |
| Telephone No (W): ......................... |  | |  |
| Identification Document Type: .............................................................  (i.e. passport, driver’s licence etc.) | | | |
| Identification Document Number: .......................................................... | | | |
| Date of Issue: ......................................................................................... | | | |
| Place of Issue: ......................................................................................... | | | |
| Account number(s) if applicable: .............................................................. | | | |
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| Other signatories on the account. (Please include relevant Know Your Customer (KYC) details):  ................................................................................................................................................................ | | | |
| ............................................................................................................................................................................. | | | |
| Name and Address of employer (if applicable): .....................................................................................  Existing client Prospective client \*Other  \*If Other, provide details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| **3. SUBJECT(S) OF REPORT (Legal Entities)**  ***Note: Please attach additional sheets as necessary.*** | | | |
| Entity Type: **Company** **Trust** **Partnership** **Charity**  **Other** | | | |
| Name of Entity: ...................................................................................................................................... | | | |
| Jurisdiction of Incorporation/Registration: ............................................................................................. | | | |
| Date of Incorporation/Registration: .......................................................................................................  Purpose of Entity: .................................................................................................................................  Registered Office Address (or address of Trustee or General Partner etc.): | | | |
| Business Address (if different from registered office address)**:** ........................................................... | | | |
| ***NOTE: Please include relevant information for entity type (i.e. settlor and beneficiary information for a trust). For each of***  ***the following which is a following which is a natural person please provide the information noted in Section 2.*** | | | |
| **Shareholder(s) Name(s):** .....................................................................................................................  ...............................................................................................................................................................  ............................................................................................................................................................... | | | |
| **Director(s) Name(s):** ...........................................................................................................................  ...............................................................................................................................................................  ............................................................................................................................................................... | | | |
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| Ultimate Beneficial Owner (s) if different from above:  Name(s): ...............................................................................................................................................  ..............................................................................................................................................................  .............................................................................................................................................................. | | | |
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| Account number(s) if applicable: ......................................................................................................... | | | |
| Other signatories on the account: (Please include relevant KYC details): | | | |
| ............................................................................................................................................................................  ...........................................................................................................................................................................  ........................................................................................................................................................................... | | | |
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| **4. OTHER FINANCIAL SERVICE PROVIDERS INVOLVED IN ACTIVITY:** | | | |
| Name(s): ........................................... | | Address(es): ................................................................................  ................................................................................ | |
| Account number(s) if applicable  Name(s): ........................................... | | ...............................................................................  Address(es): ................................................................................ | |
| Account number(s) if applicable: ..................................................................................................... | | | |
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| **5. REASON FOR SUSPICION**  Provide a chronological and complete account of the transaction/activity, detailing what is unusual, irregular or suspicious, using the following checklist as you prepare your account.  If necessary, continue the narrative on a duplicate of this page.   1. Provide FULL details of any 3rd party individual or company on whose behalf the transaction is being conducted. 2. Explain who benefitted financially or otherwise, from the transaction. How much and when. 3. Retain any admission or explanation of the transaction provided by the individual or any other person and indicate to whom and when it was given. 4. Retain any evidence of cover or evidence of an attempt to deceive. 5. Indicate where the possible violation took place. 6. Indicate whether the possible violation is an isolated incident or related to other transactions. 7. Recommend any further investigation that might assist authorities. 8. Indicate whether currency (cash) and/or monetary instruments were involved. If so, provide the amount, the country of currency, e.g., United States dollars and/or other description. 9. Indicate any transactions that may be involved or affected.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Money Laundering Reporting Officer | | | |
|  | | | |