CONFIDENTIAL

SUSPICIOUS/UNUSUAL TRANSACTION REPORT

PLEASE TYPE INFORMATION OR WRITE IN BLOCK LETTERS

IMPORTANT: Complete using information obtained during normal course of the transaction. The report should be completed as soon as practicable <u>AFTER</u> 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

FOR OFFICIAL USE ONLY	FIU Reference No.:
PART A – Initial Information	
1. ☐ Completed Transaction ☐ Terrorist Designation	☐ Attempted/Aborted Transaction☐ Counter-Proliferation Designation
2. Is this report a correction or follow-	-up to a Report previously submitted?
□ NO (Skip to No.4)	☐ YES ☐ Correction ☐ Follow-up
3. If yes, original Report's date: Clic	ck here to enter a date.
 Reporting date: Click here to en 	nter a date.

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

Which one of the following reporting entities best describes you:-

5.

Part B – Identity of Customer/Client 1

1.	Click or tap here Surname			ap here to enter tex n Name	t. 3. Click or tap here to enter text. Middle Name(s)
4. Click or tap here to enter text. Alternative Names/Spelling		5. Click or tap here to enter text. Address (es)			
6.	Click or tap here Nationality/			7. Date of Birth	(MM/DD/YYYY)
8.	Identifier #1 [Driver's Licen		10. Click or tap her	No: (1)
11	Identifier #2 ☐ ☐	☐ Passport ☐ Driver's Licen	se	13. Click or tap her	No: (2)
14	. Click or tap he Occu	re to enter text. upation		15. Click or tap her	re to enter text. oployer
16	Click or tap he	re to enter text. le # (Include area ere to enter text. ne # (Include area		•	ere to enter text. Include area code) (W)
17	'. Click or tap he Email: Ad	re to enter text. Idress(es)		Click or tap he Email: Addres	ere to enter text. s(es)
18.Click or tap here to enter text. Account Number(s)		☐ Persona ☐ Corpora ☐ Trust ☐ Other (
19	Click or tap he State if accour	re to enter text. nt is joint, other s	signatories, e	etc.	
20	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.				

1.	Click or tap he Surna			here to enter to Name	ext. 3. Cl	ick or tap here to enter text. Middle Name(s)
4.		ere to enter text. names/Spelling	5.	Click or tap her	re to enter address (es)	
6.	Click or tap he Nationalit	ere to enter text. cy/(ies)	7.	Date of Birth	MM/DD/Y	
8.	ldentifier #1	□ ID Card□ Passport□ Driver's License□ Other		D. Click or tap he	D No. (1)	r text.
11.	Identifier #2	☐ ID Card ☐ Passport ☐ Driver's License ☐ Other	13	3. Click or tap he	D No.(2)	r text.
14		nere to enter text cupation	1!	5. Click or tap h E	ere to ente imployer	er text.
16. Click or tap here to enter text. Telephone # (Include area Code) (H) Click or tap here to enter text. Telephone # (Include area Code) (C)			Click or tap here to enter text. Telephone # (Include area code) (W)			
	Click or tap h mail Address(e	ere to enter text.		Click or tap l Email addre		er text.
18. Click or tap here to enter text. Account Number(s)			 □ Personal □ Corporate □ Trust □ Other Click or tap here to enter text. 			
19.		here to enter text. ount is joint, other si	gnatories, etc			-
20.	Provide othe other signato		er may have a	at institution, in	clude acco	unt type, whether joint,

Customer 2 applies where there is a transfer between customers.

Click or tap here to enter text.

CUSTOMER/CLIENT 2

Name:		Date of Incorpo	ration:
	e name of the company.	Click or tap to e	
		0	
Share Capital		Country of Inco	rporation
	ere to enter text.	Click or tap her	•
· · · · · · · · · · · · · · · · · · ·			
Number		Type of Compa	ny Click or tap here to enter text.
Click or tap her	e to enter text.		,
Business Activi	ty	Website	
Click or tap her	re to enter text.	Click or tap her	e to enter text.
Relationship to	Company:		
Please enter th	e relationship		
	onship to Company Drop-[
Legal Officer		Director	
Chief Executive	e Officer	Shareholder	
Chief Financial	Officer	Beneficial Own	er
		Nominee Direct	cor
Click or tap h	ere to enter text. 2. CI	ick or tap here to enter text	t. 3. Click or tap here to enter
text.			
Surna	ame	Given Name	Middle Name(s)
			`,
4. Click or tap h	ere to enter text.	5. Click or ta	p here to enter text.
Alternative	names/Spelling		
		Click or ta	p here to enter text.
		Add	ress (es)
6. Click or tap h	ere to enter text.	7. Date of Bi	rth
Nat	ionality/(ies)		(MM/DD/YYYY)
1400	ionanty/ (ics/		(141141)
8. Identifier #1	☐ ID Card	9. Click or ta	p here to enter text.
or racination in 2	☐ Passport		No. (1)
	☐ Driver's License		ap here to enter text.
	☐ Other		e of Issue
	□ Other	Flat	e or issue
11. Identifier #2	☐ ID Card	12 Click or t	ap here to enter text.
II. IGCILITE #Z	☐ Passport		No. (2)
	☐ Driver's License		
			ap here to enter text.
	Other	Place	of Issue
14. Click or tan	here to enter text	15. Click or t	tap here to enter text.

CUSTOMER/CLIENT – Company

Occupation

FIU BARBADOS 5

Employer

Click	Click or tap here to enter text. Telephone # (Include area Code) (H) or tap here to enter text. phone # (Include area Code) (C)	Click or tap here to enter text. Telephone # (Include area code) (W)
	Click or tap here to enter text. Email Address (es)	Click or tap here to enter text. Email address (es)
18. C	lick or tap here to enter text. Account Number(s)	□ Personal□ Corporate□ Trust□ Other
	lick or tap here to enter text. tate if account is joint, other signatories, etc	
	lick or tap here to enter text. rovide other account(s) customer may have at	institution, include account type, whether joint,

Customer/Client 2 applies where there is a transfer between customers.

other signatories, etc.

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. Surname	2. Click or tap here to enter text. Given Name	3. Click or tap here to enter text. Middle Name(s)		
·		5. Click or tap here to Address (es)	Click or tap here to enter text. Address (es)		
6.	Click or tap here to enter text. Nationality/(ies)	7. Date of Birth (MN	 1/DD/YYYY)		
8.	Identifier #1 ☐ ID Card ☐ Passport ☐ Driver's License ☐ OtherClick or ta	☐ Registration	of Incorporation on for Business Name		
9.	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				
	2. Click or tap here to enter text.	-	nere to enter text.		
E	mployer	Telephone (#	1)- area code (H)		
(lick or tap here to enter text.	Click or tap here	to enter text.		
T	elephone (#2) - area code (W)	Telephone (#3)-	area code (C)		

14. Click or tap here to enter text.

Email Address #1

Click or tap here to enter text.

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 □ Deposit to an account Cash/Cheque □ Life Insurance Policy purchased/deposit □ Purchase of bank draft □ Purchase of Jewelry □ Purchase of precious metals/stones □ Securities □ Real Estate Purchase □ Other 	 □ Conducted Currency Exchange □ Inter-account transfer □ Outgoing electronic funds transfer □ Purchase of diamonds □ Purchase of money order □ Purchase of traveller's cheques □ Purchase of Gold 		
2. Date(s) of transaction(s) DD MM YYYY			
3. Click or tap here to enter text.4. ClicAmount & Currency	k or tap here to enter text. BBD \$ Equivalent		
5. Click or tap here to enter text.6. ClicName of drawer/Ordering Customer	k or tap here to enter text. Name of Payee/beneficiary		
 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), descri	be 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	\square Counterfeiting and piracy of products
and racketeering	☐ Environmental crime
☐Terrorism, including terrorist financing;	☐ Murder, grievous bodily injury
\square Trafficking in human beings and migrant	☐ Kidnapping, illegal restraint and hostage-taking
smuggling	☐ Robbery or theft
☐ Sexual exploitation, including sexual exploitation of children	☐Smuggling; (including in relation to customs and excise duties and taxes)
☐ Illicit trafficking in narcotic drugs and psychotropic substances	☐ Tax crimes (related to direct taxes and indirect taxes)
\square Illicit arms trafficking; and illicit trafficking in	Extortion
stolen and other goods	☐ Piracy Forgery
☐ Corruption and bribery	☐ Insider trading and market manipulation
□Fraud	☐ Proliferation Financing
☐ Counterfeiting currency	□Unknown

PART G - Details of financial institution/place of transaction

- 1. Click or tap here to enter text.

 Organisation
- 3. Click or tap here to enter text.

 Name and Title of Reporting Officer
- Click or tap here to enter text.Dealers internal reference number
- 2. Click or tap here to enter text.
 - Branch where transaction occurred if applicable
- 4. Click or tap here to enter text. Signature of Reporting Officer
- **6.** Click or tap here to enter text.

Reporting Officer's direct telephone number