**a**

**VANUATU FINANCIAL INTELLIGENCE UNIT**

# SUSPICIOUS TRANSACTION REPORT (STR)

## PLEASE WRITE IN BLOCK LETTERS

**Reporting of suspicious transaction is required under sections 5, 5A, 5B, 5C and 5D of the FTRA [CAP 268]. Failure to report or reporting false or misleading information may result in fines of up to VT 25 million or 5 years imprisonment or both; or a fine of up to VT 100 million for a corporate body.**

Please complete by marking the appropriate answer boxes with a cross (x).

PART A – DETAIL OF SUSPICIOUS TRANSACTION

1. **Please specify the designated service(s) to which the suspicious transaction or attempted transaction occurred**

[ ]  Account/deposit taking services / withdrawal [ ]  Insurance Services [ ]  Other

[ ] Traveller’s cheques / money order [ ]  Security Dealer

[ ] Cash carrying/payroll services [ ] Cash Cheque service

[ ]  Precious metal or stone services [ ]  Gaming machines / Casino

[ ] Currency exchange services [ ]  Real Estate Services

[ ] Trustee/fund management services [ ]  Sale or Hire of Vehicle

[ ] Debit / Credit cards access facilities [ ]  Investment services

[ ] Debt instruments [ ]  Stored value cards

[ ] Electronic funds transfers [ ]  Superannuation / approved deposit

[ ] Loan services [ ]  Credit facility

[ ] Money transfer [ ]  Registration & Incorporation

[ ] Retirement savings accounts [ ]  Audit & Supervision

1. **Please specify the reason(s) for the suspicion, which may include (please refer to Annex for additional indicators):**

*(If you select the option ‘ other’, please specify by providing the item number only – refer to annex below)*

[ ]  Advanced fee/scam [ ]  Court Proceedings [ ]  Other

[ ]  ATM/cheque fraud [ ]  Refusal to show identification

[ ]  Avoiding reporting obligations [ ]  Suspected / known criminal

[ ]  Corporate/investment fraud [ ]  Suspicious behavior

[ ]  Counterfeit currency [ ]  Unauthorized account transactions

[ ]  Credit card fraud [ ]  Unusual financial instrument

[ ]  Credit/Loan facility fraud [ ]  Unusual account activity

[ ]  OFAC/ DFACT watch list [ ]  Unusual financial instrument

[ ]  False name/identity or documents [ ]  Unusual gambling / casino activity

[ ]  Immigration related issues [ ]  Unusual use / exchange of currency

[ ]  VIPA related issues [ ]  Unusual large cash transaction

[ ]  Inconsistent with customer profile [ ]  Unusual large FX transaction

[ ]  Internet fraud [ ]  Unusual large transfer

[ ]  National security concern [ ]  Bank notes have unusual look and smell

3. Was the designated service(s)

 [ ]  provided [ ]  requested [ ]  enquired about [ ]  rejected / declined [ ]  Rejected but referred to other service provider

PART B – GROUNDS FOR SUSPICION

4. Give details of the nature or circumstances surrounding the transaction. Note: Do not provide account or transaction details as these will be required in Part F.

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|        |

PART C – DETAIL OF THE PERSON CONDUCTING THE TRANSACTION

5. Full Name: Title:      Surname:       Given Name:       Alias:

6. Date of Birth: (dd/mm/yyyy)

7. Occupation, Business or Principal Activity:

8. Business Address (Physical and PO Box): Physical address:

 PO Box:      Country:       Phone:

9. Residential Address (Cannot be a PO Box): Local Address:

 Location:       Country:       Phone:

10. Citizen of Vanuatu: (Mark with a cross) Yes [ ]  No [ ]

11. Non-Citizen of Vanuatu: (Vanuatu contact address)       Phone:

12. Is the person a signatory to an account(s)/ relationship affected by this transaction? Yes [ ]  No [ ]

13. Please provide specific details of account(s)/ relationship affected by the transaction (if applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (1) Account / Customer Name: | Account / customer Number: | Account / Relationship Type: | Financial institution: | Branch/ Office/Agency: |
|       |       |       |       |       |
| (2) Account / Customer Name: | Account / customer Number: | Account / Relationship Type: | Financial institution: | Branch/ Office/Agency: |
|       |       |       |       |       |

14. How was the identity of the person verified?

|  |  |  |
| --- | --- | --- |
| (1) ID Type: | ID Number: | Issuer/ Country: |
|       |       |       |
| (2) ID Type: | ID Number: | Issuer/Country: |
|       |       |       |

15. Is a photocopy of ID documents attached? Yes [ ]  No [ ]  (mark with a cross X)

PART D – DETAIL OF PERSON ON WHOSE BEHALF TRANSACTION IS CONDUCTED

Provide the details of the person who the transaction is conducted for.

If same to person in Part C – Go to Part E

If different to person in Part C – provide details below

16. Name of person/ Organization:

17. If individual, please specify the Date of Birth: (dd/mm/yyyy)

18. Occupation, Business or Principal Activity:

19. Business Address (Physical and PO Box): Physical address:

 PO Box:      Country:       Phone:

20. Residential Address (Cannot be a PO Box): Local Address

 Location:       Country:       Phone:

21. If a legal person/arrangement is involved, please specify the business structure

Company [ ]  Trust [ ]  Government Body [ ]

Partnership [ ]  Association [ ]  Registered Body [ ]

Name of beneficial owner(s)

|  |
| --- |
|       |

Name of office holder(s)

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|       |

22. Is the person a signatory to an account(s)/ relationship affected by this transaction? Yes[ ]  No[ ]

If yes, please provide details of the account (s) below.

 Details of Account(s)/ Relationship

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (1) Account / Customer Name: | Account / customer Number: | Account / Relationship Type: | Financial institution: | Branch/ Office/Agency: |
|       |       |       |       |       |
| (2) Account / Customer Name: | Account / customer Number: | Account / Relationship Type: | Financial institution: | Branch/ Office/Agency: |
|       |       |       |       |       |

PART E – DETAIL OF THE BENEFICIARY OF THE TRANSCTIONS

23. Are there any beneficiary to the suspicious transactions conducted?

 [ ]  Yes (provide details below)

 [ ]  No –Go to Part F

24. Full Name of person/ Organization:

25. If individual, please specify Date of Birth: (dd/mm/yyyy)

26. Occupation, Business or Principal Activity:

27. Business Address (Physical and PO Box): Physical address

 PO Box:      Country:       Phone:

28. Residential Address (Cannot be a PO Box): Local Address

 Location:       Country:       Phone:

If individual please specify

29. Citizen of Vanuatu: (Mark with a cross) Yes [ ]  No [ ]

30. Non- Citizen of Vanuatu: (Vanuatu contact address)       Phone:

31. If a legal person / arrangement is involved, please specify the business structure

Company [ ]  Trust [ ]  Government Body [ ]

Partnership [ ]  Association [ ]  Registered Body [ ]

Name of beneficial owner(s)

|  |
| --- |
|       |

Name of office holder(s)

|  |
| --- |
|       |

32. Is the person a signatory to an account(s)/ relationship affected by this transaction? Yes [ ]  No [ ]

 Details of Account(s)/ Relationship: (if applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (1) Account / Customer Name: | Account / customer Number: | Account / Relationship Type: | Financial institution: | Branch/ Office/Agency: |
|       |       |       |       |       |
| (2) Account / Customer Name: | Account / customer Number: | Account / Relationship Type: | Financial institution: | Branch/ Office/Agency: |
|       |       |       |       |       |

PART F – DETAIL OF TRANSACTION

|  |  |
| --- | --- |
|  |  |
| 33. Type of Transaction ( e.g Deposit) |       |
| 34. Transaction Date (e.g DD/MM/YY) |       |
| 35. Transaction Currency |       |
| 36. Transaction Amount in Foreign Currency |       |
| 37. Transaction Amount in VATU (Include cash and any other components of the Transaction - If foreign currency is involved, convert the amount to Vatu) |  VATU       |
| 38. Transaction Description (e.g. payment for goods etc.) |  |

39. If a cheque/bank draft/money order/ telegraphic transfer/transfer of currency or purchase or sale of any security was involved in this transaction, please specify: (if applicable)

|  |  |
| --- | --- |
| Drawer / Ordering Customer: | Payee/Favouree/Beneficiary: |
|       |       |

40. If the Account details is provided please indicate.

Part C [ ]  Go to Part G

Part D [ ]  Go to Part G

Part E [ ]  Go to Part G

If Other [ ]  Provide details below

Please specify the details of the account(s) / relationship below:

|  |  |  |  |
| --- | --- | --- | --- |
| (1) Account / Customer Name: |       | (2) Account / Customer Name: |       |
| Account / Customer Number: |       | Account / Customer Number: |       |
| Account/Relationship Type: |       | Account / Relationship Type: |       |
| Financial Institution: |       | Financial Institution: |       |
| Branch/Office/Agency:  |       | Branch/Office/Agency: |       |

For multiple transactions please record on a separate sheet

PART G – ADDITIONAL DETAILS

41. Provide the most likely offence to which the suspicion relates (tick the box applicable)

[ ] Money Laundering [ ]  Proceeds of crime

[ ] Financing of terrorism [ ] other (please specify here):

[ ] Person or Agent is not who they claim to be

42. If the details of suspicion has been, or is to be reported to another Vanuatu government body, please specify

Name of Organization:

Address:

**PART I – FINANCIAL INSTITUTION STATEMENT**

**PART H -REPORTING FINANCIAL INSTITUTION**

|  |
| --- |
| 43. Type of Financial Institution ( e.g. Bank etc. ):        |
| 44. Full Name of Financial Institution: |
|        |
| 45. Name of Branch or Office or Agency: |
|        |
| 46. Business Address of Financial Institution ( Physical and PO Box) |
|        |
|  PO Box:       |
|  Country:      |
|  Phone:       |
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| This statement is made pursuant to section 5E of the FTRA |
| 47. Details of Authorised Person |
|  Given Names:       |
|  Surname:       |
|  Position:       |
|  Phone:       |
|  E-mail:       |
|  |
| Signature of Authorised Person: |
| SignHere X |
| Date (dd/mm/yyyy):       |
|  |
| FI Internal Reference Number:       |

FIU Report Number:\_     \_\_\_

Comments:

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| FOR ASSISTANCE CONTACT: The Financial Intelligence UnitPMB 9048, Port Vila Telephone: 23518Facsimile: 25473E-mail: vfiu@vanuatu.gov.vu  |

**Send the Completed STR Form Marked as CONFIDENTIAL to:**

The Manager

Financial Intelligence Unit

State Law Office, PMB 9048,

Port Vila, Vanuatu