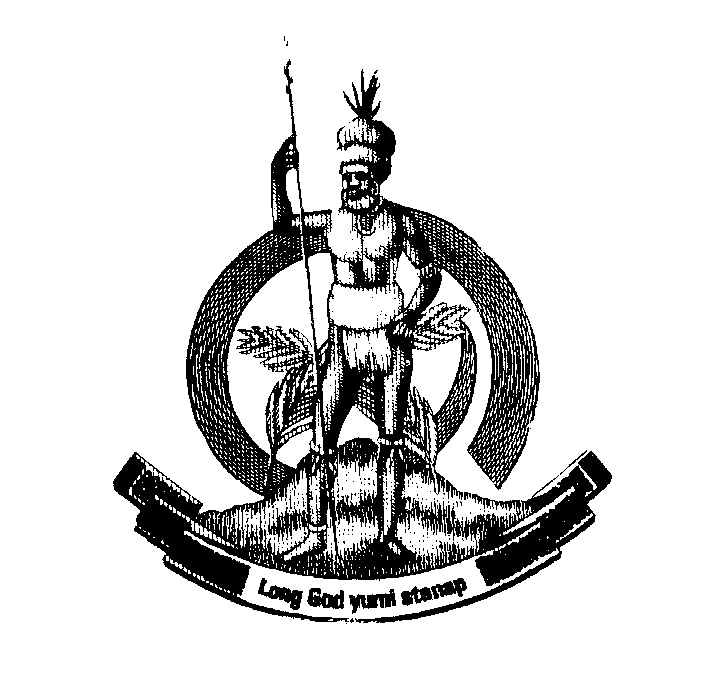
**a**



**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: |
| Sign  Here X |
| Date (dd/mm/yyyy): |
|  |
| FI Internal Reference Number: |

FIU Report Number:\_     \_\_\_

Comments:

|  |
| --- |
|  |

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| --- |
| FOR ASSISTANCE CONTACT:  The Financial Intelligence Unit  PMB 9048, Port Vila  Telephone: 23518  Facsimile: 25473  E-mail: [vfiu@vanuatu.gov.vu](mailto: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