

VANUATU FINANCIAL INTELLIGENCE UNIT

SUSPICIOUS TRANSACTION REPORT (STR)

PLEASE WRITE IN BLOCK LETTERS

Reporting of suspicious transaction or attempted transaction is required under sections 20, 22, 23, 24 and 25 of the AML&CTF Act No. 13 of 2014. 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.

PART A – IDENTITY OF CUSTOMERS INVOLVED IN THE SUSPICIOUS TRANSACTION

Person(s) Conducting the Transaction

 Full name (title, given name and surname) 		
2. Date of Birth		
3. Occupation, Business or principal activity		
4. Business Address (physical and PO Box	PO Bo	x:
	Country: Phone	2:
5. Residential Address (cannot be a PO Box)		
	Country: Phone	
6. Resident of Vanuatu	(Please circle the correct answer)	Yes No
7. Non-Resident- Vanuatu contact address		
8. How was the identity of the person		
confirmed	a) ID Type:	b) ID Number:
	c)lssuer	
9. Is a photocopy of ID document attached? (please circle the correct answer)	Yes No	

PART B - IDENTITY OF PERSON(S) ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED

 Full name (title, given name and surname) 					
11. Date of Birth					
12. Occupation, Business or principal activity					
13. Business Address (physical and PO Box		PO Box:			
	Country:	Phone:			
14. Residential Address (cannot be a PO Box)					
	Country:	Phone:			
15. Resident of Vanuatu	(Please circle the correct answer)		Yes	No	

PART C - IDENTITY OF BENEFICIARY OF THE TRANSACTION

17.Full name (title, given name and surname)					
18. Date of Birth					
19. Occupation, Business or principal activity					
20. Business Address (physical and PO Box		PO Box:			
	Country:	Phone:			
21. Residential Address (cannot be a PO Box)					
	Country:	Phone:			
22. Resident of Vanuatu	(Please circle the correct answer)		Yes	No	
23. Non-Resident- Vanuatu contact address					
24. Is this Person a signatory to/ an account/service (s) affected by this transaction	(Please circle the correct answer)		Yes	No	

PART D – DETAIL OF TRANSACTION

12. Transaction Type (eg. Deposit/Withdrawal, Purchase, Sale, Foreign Exchange, Telegraphic Transfer, EFTPOS, etc)	
13. Transaction Date(s)	
14. Currency	
15. Amount	
16. Drawer / Ordering Name	
17. Payee / Beneficiary Name	

Give Details of account, service or relationship affected by this transaction

Account Title / Name	Relationship Name	
Account Number	Relationship Number	
Branch	Branch	
Reporting Entity	Reporting Entity	
Name of Signatories	Name Signatories	

NOTE: FOR MULTIPLE TRANSACTIONS OR MULTIPLE FACILITIES PLEASE RECORD DETAILS ON A SEPARATE SHEET

PART E – GROUNDS FOR SUSPICION

Give details of the nature of and circumstances surrounding the transaction and the reason for suspicion

If insufficient space, attach supplementary sheet. Number of additional pages	

PART F – PERSONAL DESCRIPTION

Please attached a copy of any visual data of the conductor (if available) Clothing Race Sex: Male / Female

Eye Color	Hair Color		
			Distinguishing marks/identifying features (tattoos, facial hair, accent, etc.)
Build	Age		
Hair Length/Style		Height (cm)	

PART G – REPORTING ENTITY DETAILS AND PLACE OF TRANSACTION

Institution Type: (eg. Bank, Solicitor Insurance Company)	
Institution Name	
Bank Name: (if a Bank, include Bank & Brach No.)	
Address	
Telephone	
Fax	
	The Financial Intelligence Unit PMB 9048, Port Vila Telephone: 23518 Facsimile: 25473 E-mail: <u>rfay@vanuatu.gov.vu</u> Or <u>vfiu@vanuatu.gov.vu</u>
FIU REFERENCE I	NUMBER

PART H – CONFIDENTIAL Your identity will not be disclosed except for law enforcement purposes or by order of a Court.

Details of Staff Member Conducting Transaction

Full Name					
Title/Position					
Signature					
		Date	/	/	
Details of Person M	laking Report				
Details of Person M	laking Report				
	laking Report				

Date / /

Telephone

Fax

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