



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

| | | |
|---|---|---------------|
| 1. 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 Box: | |
| | Country: | Phone: |
| 5. Residential Address (cannot be a PO Box) | | |
| | Country: | Phone: |
| 6. Resident of Vanuatu | <i>(Please circle the correct answer)</i> Yes No | |
| 7. Non-Resident- Vanuatu contact address | | |
| 8. How was the identity of the person confirmed | a) ID Type: | b) ID Number: |
| | c) Issuer | |
| 9. Is a photocopy of ID document attached? <i>(please circle the correct answer)</i> | Yes | No |

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

| | | |
|--|---|--------|
| 10. 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 | <i>(Please circle the correct answer)</i> Yes No | |

16. Non-Resident- Vanuatu contact address

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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)

21. Residential Address (cannot be a PO Box)

22. Resident of Vanuatu

23. Non-Resident- Vanuatu contact address

24. Is this Person a signatory to/ an account/service (s) affected by this transaction

| | | | |
|--|---|---------|----|
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| | | | |
| | | | |
| | | PO Box: | |
| | Country: | Phone: | |
| | Country: | Phone: | |
| | <i>(Please circle the correct answer)</i> | Yes | No |
| | | | |
| | <i>(Please circle the correct answer)</i> | 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

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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

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