VANUATU FINANCIAL INTELLIGENCE UNIT

SUSPICIOUS ACTIVITY REPORT (SAR)

PLEASE WRITE IN BLOCK LETTERS

Reporting of suspicious activity is required under section 21 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 ACTIVITY

Person(s) Conducting the Activity

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	*(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)Issuer

9. Is a photocopy of ID document attached? Yes No
(please circle the correct answer)

PART B – IDENTITY OF PERSON(S) ON WHOSE BEHALF THE ACTIVITY 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	*(Please circle the correct answer)* Yes No

16. Non-Resident- Vanuatu contact address	

PART C – IDENTITY OF BENEFICIARY OF THE ACTIVITY

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 ACTIVITY

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

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

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 activity 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)

Sex: Male / Female	Race	Clothing
Eye Color	Hair Color	
Build	Age	Distinguishing marks/identifying features (tattoos, facial hair, accent, etc.)
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	

Please forward to:

The Financial Intelligence Unit
PMB 9048, Port Vila
Telephone: 23518
Facsimile: 25473
E-mail: rfay@vanuatu.gov.vu Or
vfiu@vanuatu.gov.vu

FIU REFERENCE 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 Making Report

Full Name	
Title/Position	
Signature	Date / /
Telephone	
Fax	