

SUSPICIOUS TRANSACTION / SUSPICIOUS ACTIVITY REPORT

Made in accordance with the Provisions of Section 55A (1) of the Proceeds of Crime Act, Ch. 11:27 (as amended) ("the POCA") and Section 22C (3) the Anti-Terrorism Act, Ch. 12:07 (as amended) ("the ATA")

For Official use only

Your Reference No.

ALWAYS COMPLETE ENTIRE REPORT

(Mandatory fields are preceded by an asterisk *)

Instructions:	A Financial Institution or Listed Business which knows or has reasonable grounds to suspect that the funds used for a transaction are the proceeds of criminal conduct, shall make a suspicious transaction or a suspicious activity report to the Financial Intelligence Unit ("the FIU"). The report must be made as soon as possible, but in any event, within fourteen (14) days of the date on which the financial institution or listed business knew or had reasonable grounds to suspect that the funds used for the transaction were the proceeds of criminal conduct. [Section 55A (1) of the POCA and sections 22AB (d) and 22C (3) of the ATA].
Offences:	It is an offence to fail to report a suspicious transaction or activity to the FIU. The penalty is (a) on summary conviction, a fine of five hundred thousand dollars and imprisonment for a term of two years (b) on conviction on indictment, a fine of three million dollars and imprisonment for a term of seven years [Section 57(l) of the POCA and Section 42(1) (a) of the ATA]

1. *Check appropriate box:

a. Initial Report

b. Corrected Report

c. Supplemental Report

PART I

INFORMATION ABOUT THE REPORTING FINANCIAL INSTITUTION OR LISTED BUSINESS AS DEFINED IN SECTION 2 AND THE FIRST SCHEDULE OF THE POCA AND THE ATA.

2. *Name:

.....

3. *Address of main office:

Address 1.....

Address 2.....

Address 3.....

Address 4.....

4. *Address of Branch Office(s) where transaction or activity occurred

Address 1.....

Address 2.....

Address 3.....

Address 4.....

5. *Asset Size of Reporting Financial Institution/Listed Business: \$TT.....

PART II

SUSPECT INFORMATION

Individual

6. Title: Dr. Miss Mrs. Mr.

7. *First Name: 8. Middle Name: 9. * Last Name:

10. *Gender (M/F)..... 11. Marital Status: Divorced. Married. Separated Single

12. Nationality..... 13. Citizenship

14. *Usual Place of residence (local address):.....

15. Usual Place of Residence (outside Trinidad and Tobago):.....

16. *Date of Birth/...../.....

YYYY MM DD

17. (a) Home Tel. No.

(b) Cell No.

18. Email address (c) Work Tel. No.

19. *Occupation

20. *Place of employment

21. Forms of Identification: (a) () Driver's License (b) () Passport (c) () National I.D. Card (d) () Social Security Card (e) () Other.....

Number..... Issuing Authority..... Date Issued...../...../..... YYYY / MM / DD

Number..... Issuing Authority..... Date Issued...../...../..... YYYY / MM / DD

Number..... Issuing Authority..... Date Issued...../...../..... YYYY / MM / DD

Company/Business Entity

22. Name of Company/Business Entity.....
- (a) Company Reg. No./ Business Reg. No..... (b) Date of Incorporation/Registration//...../..... YYYY / MM / DD
- (c) Country of Incorporation/Registration.
- (d) Status: Current Inactive Struck Off
- (e) VAT Reg. No. (f) B.I.R. No.
- (g) Share Capital (h) Website Address.....

23. *Nature of business operations.....

24. * Relationship to Financial Institution:

- | | |
|--------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> (a) Attorney | <input type="checkbox"/> (h) Chairperson |
| <input type="checkbox"/> (b) Borrower | <input type="checkbox"/> (i) Company Director |
| <input type="checkbox"/> (c) Broker | <input type="checkbox"/> (j) Company Secretary |
| <input type="checkbox"/> (d) Contracted Services | <input type="checkbox"/> (k) CEO |
| <input type="checkbox"/> (e) Customer / Client | <input type="checkbox"/> (l) CFO |
| <input type="checkbox"/> (f) Employee | <input type="checkbox"/> (m) Other: |
| <input type="checkbox"/> (g) Member | |

PART III
DATE OF TRANSACTION/ACTIVITY AND FUNDS INVOLVED

25. *Transaction/Activity Status:

- (a) Completed (b) Attempted

26. *Date of Suspicious Transaction or Activity:/...../.....
YYYY MM DD

27. *Dollar amount involved in this report \$.....

- Currency Type
- TTD Pound Sterling USD CAD
- Euro Eastern Caribbean Barbados dollar
- Other

**Item 26 refers to the date the transaction/activity was conducted, it is NOT the date the Compliance Officer deemed it suspicious, or the date it was sent to the FIU.*

28. Is the suspicious transaction/activity an Isolated Incident? Yes No. If no, complete item 29

29. State the period during which the suspicious transaction or activity occurred: Start Date:/...../..... YYYY / MM / DD
End Date:/...../..... YYYY / MM / DD

30. Does the suspicious transaction/activity involve other parties? Yes No. If yes complete item 31

31. State name and full detail of the related parties

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.....

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**PART IV
SUSPICIOUS TRANSACTION/ACTIVITY DESCRIPTION**

This section of the report is critical. The care with which it is written may make the difference in whether or not the described conduct and its possible criminal nature are clearly understood.

32. *What type of activity initiated the Transaction?

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Cash Deposit | <input type="checkbox"/> Encashed a Bank Draft |
| <input type="checkbox"/> Cheque Deposit | <input type="checkbox"/> Purchase a Bank Draft |
| <input type="checkbox"/> Credit Card Use/ Application | <input type="checkbox"/> Visa Travel Money (VTM) card |
| <input type="checkbox"/> Withdrawal from account | <input type="checkbox"/> Incoming wire transfer, |
| <input type="checkbox"/> Night deposit, | <input type="checkbox"/> Outgoing wire transfer, |
| <input type="checkbox"/> New Account | <input type="checkbox"/> Loan Application |
| <input type="checkbox"/> Life Insurance policy/ purchase/ cash in, | <input type="checkbox"/> Securities/Certificate of deposit |
| <input type="checkbox"/> FI's/LB Due diligence | <input type="checkbox"/> Redeemed PMC chips |
| <input type="checkbox"/> Purchase Real Estate | <input type="checkbox"/> Purchase Precious stones/Jewellery |
| <input type="checkbox"/> Purchase Motor vehicle/vessel, art, etc | <input type="checkbox"/> Pre-paid Card Transaction |
| <input type="checkbox"/> Other:..... | |

33. Account Number(s) if the transaction involved an account. (Nos. 34 – 39) must be completed if an account number is provided)

..... /

..... /

..... /

34. Type of account (if this part is applicable)..... Chequing Fixed Deposit Loan Savings
 Other

35. Account holder(s)

.....

.....

36. Account Balance: As at/...../..... YYYY / MM / DD

37. Account beneficial owner(s)

.....

.....

38. Have any of the Institution's or relevant business accounts related to this matter been closed?

- (a) () Yes *if yes, identify* /
- /
- (b) () No

39. Account History:

Include total annual deposits and total annual withdrawals on each account for the past three (3) years, where applicable.

Account No	Year	Total Annual Deposits	Total Annual Withdrawals	Currency Type (eg. TTD, USD, CAD etc.)

40. *DETAILS OF THE SUSPICIOUS TRANSACTION/ACTIVITY [CHECK ALL THAT APPLY]

- | | |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cancel transactions to avoid providing CDD | <input type="checkbox"/> Court Order |
| <input type="checkbox"/> Criminal conviction | <input type="checkbox"/> Explanation of the transaction does not make financial sense |
| <input type="checkbox"/> Fraudulent documents | <input type="checkbox"/> Frequent third parties' deposits |
| <input type="checkbox"/> Frequency of Deposits | <input type="checkbox"/> Known or suspected Terrorist/ Terrorist Organization |
| <input type="checkbox"/> Multiple accounts unusual for the customer | <input type="checkbox"/> Multiple denominations of currency deposits |
| <input type="checkbox"/> Multiple receivers | <input type="checkbox"/> Multiple senders |
| <input type="checkbox"/> Multiple transactions below reporting threshold | <input type="checkbox"/> Negative news |
| <input type="checkbox"/> No economic purpose | <input type="checkbox"/> Organized crime groups funds |
| <input type="checkbox"/> Physical condition of the currency | <input type="checkbox"/> Politically Exposed Person |
| <input type="checkbox"/> Social media presence | <input type="checkbox"/> SOF unverifiable |
| <input type="checkbox"/> Structured deposits to avoid reporting requirements | <input type="checkbox"/> Suspicious inquiry regarding reporting requirements |
| <input type="checkbox"/> Transaction with country assessed as high risk | <input type="checkbox"/> Transaction with a country identified by FATF/CFATF as non-compliant /not sufficiently compliant |
| <input type="checkbox"/> Unauthorized foreign exchange transactions | <input type="checkbox"/> Unduly complex |
| <input type="checkbox"/> Unusual large volume of cash deposits | <input type="checkbox"/> Use of personal account for business proceeds |
| <input type="checkbox"/> Unverified documents | <input type="checkbox"/> Suspected Terrorist Transaction |
| <input type="checkbox"/> Other (Specify): | |

41. * INDICATE THE KNOWN OR SUSPECTED CRIMINAL CONDUCT [CHECK ALL THAT APPLY]

- | | |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Participation in an organized criminal group & racketeering | <input type="checkbox"/> Intellectual property offences including counterfeiting & piracy of products |
| <input type="checkbox"/> Money Laundering | <input type="checkbox"/> Environmental crimes |
| <input type="checkbox"/> Terrorism | <input type="checkbox"/> Murder, grievous bodily injury |
| <input type="checkbox"/> Financing of Terrorism | <input type="checkbox"/> Kidnapping, illegal restraint and hostage-taking |
| <input type="checkbox"/> Trafficking in human beings, body parts & migrant smuggling | <input type="checkbox"/> Robbery or theft |
| <input type="checkbox"/> Sexual exploitation including sexual exploitation of children | <input type="checkbox"/> Smuggling (including in relation to customs & excise duties and taxes) |
| <input type="checkbox"/> Illicit trafficking in narcotic drugs & psychotropic substances | <input type="checkbox"/> Tax crimes (relating to direct and indirect taxes) |
| <input type="checkbox"/> Illicit arms trafficking | <input type="checkbox"/> Extortion |
| <input type="checkbox"/> Illicit trafficking in stolen & other goods | <input type="checkbox"/> Forgery |
| <input type="checkbox"/> Corruption and bribery | <input type="checkbox"/> Piracy |
| <input type="checkbox"/> Counterfeiting currency | <input type="checkbox"/> Insider trading and market manipulation |
| <input type="checkbox"/> Fraud (explain: illegal lottery scam, scams, identity fraud, forgery, etc.)
..... | <input type="checkbox"/> Illegal Gambling |
| <input type="checkbox"/> Other [specify] | |

42. * State name and full details of ultimate beneficiary of the transaction/activity

Transaction No.	Date (DD/MM/YY)	Amount	Beneficiary (Full Details)

