## Place name of Institution here

## SUSPICIOUS TRANSACTIONS / SUSPICIOUS ACTIVITY REPORT

Made in accordance with the Provisions of Section 55(3) of the Proceeds of Crime Act, Ch. 11:27 (as amended)

*Ref. No.*....

## ALWAYS COMPLETE ENTIRE REPORT

	Reports on suspicious Financial Transactions shall be made to the Financial Intelligence Unit within fourteen (14) days of the date the transaction was deemed to be suspicious by the institution.[8.55(3)]				
	otice to staff				
	is an offence to fail to report a suspicious transaction for which the penalty is (a) on summary conviction, <b>five hundred thousand dollars and nprisonment</b> for a term of two years (b) on conviction on indictment, a fine of <b>three million dollars and imprisonment</b> for a term of seven years.  3.57(1)]				
1.	Check appropriate box: a. ( ) Initial Report b. ( ) Corrected Report c. ( ) Supplemental Report				
PART I					
REPORTING FINANCIAL INSTITUTION OR RELEVANT BUSINESS ACTIVITY INFORMATION					
2.	Name of Financial Institution or Person or Company engaged in a relevant business activity				
3.	Address of Financial Institution or Person or Company engaged in a relevant business activity				
4.	Address of Branch Office(s) where activity occurred				
5.	Asset Size of Financial Institution or Person or Company engaged in a relevant business activity: \$				
6.	If Institution or relevant business activity closed, date closed//				
7.	Account Number(s) affected (if any)				
8.	Have any of the Institution's or relevant business accounts related to this matter been closed?				
	(a) ( )Yes if yes identify/				
	(b) ( ) No				
PART II					
SUSPECT INFORMATION					
9.	Last Name or Name of Entity: 10. First Name: 11. Middle Initial: 11. Middle Initial:				
12.	. Address:				
13.	. Date of Birth/				
	DD MM YY 14 a. Cell No				
(a)					
(b)					
(c)					
16.					
17.	Forms of Identification for Suspect:				
	(a) ( ) Driver's License (b) ( ) Passport (c) ( ) Trinidad & Tobago I.D. Card (d) ( ) Other				
	Number				
	Number				
	Number				
	NumberIssuing Authority				

## SUSPICIOUS ACTIVITY/TRANSACTION REPORT

18.	Relationship to Financial Institution:			
10.	( ) (a) Accountant	( ) (e) Borrower	( ) (i) Employee	
	( ) (b) Agent	( ) (f) Broker	( ) (j) Officer	
	( ) (c) Appraiser	( ) (g) Customer	( ) (k) Shareholder	
	( ) (d) Attorney	( ) (h) Director	( ) (l) Other	
		PART III		
	SUSPICIOUS TRANSACTIONS OR ACTIVITY INFORMATION			
19.	Date of Suspicious Transactions or Activity:/ DD		lved in known or suspicious transactions or activit	
		PART IV		
21	Last Name:	PREPARER INFORMATION	22 Middle Initial	
21.	Last Name:	22. First Name:	23. Middle Initial:	
24.	Title:	25. Phone Number:	26. Date Prepared:	
			DD MM YY	
		PART V		
	(If Differ	CONTACT FOR ASSISTANCE ENT THAN PREPARER INFORMATION IN PART IV)		
27.	Last Name:	28. First Name:	29. Middle Initial:	
30.	Title:	31. Phone Number:		
50.				
32.	Institution:			
CONTR	VINITED ON SEDADATE SHEETS ( ) VES. ( ) NO.	DOCHMENTE ATTELON	PD ( ) VES ( ) NO	
	INUED ON SEPARATE SHEETS ( ) YES ( ) NO	DOCUMENTS ATTACHE		
DAT	Е	SIGNATURE		