CONFIDENTIAL

SUSPICIOUS/UNUSUAL TRANSACTION REPORT

PLEASE TYPE INFORMATION OR WRITE IN BLOCK LETTERS

IMPORTANT: Complete using information obtained during normal course of the transaction. The report should be completed as soon as practicable AFTER the dealing, and a copy forwarded to:

THE DIRECTOR, FINANCIAL INTELLIGENCE UNIT
ANTI-MONEY LAUNDERING AUTHORITY
P.O. BOX 1372 Bridgetown, Barbados
FACSIMILE NO. (246) 436-4756
Email: adminfiu@barbados.gov.bb
For urgent reporting – Tel. (246) 436-4734/5

FOR OFFICIAL USE ONLY

FIU Reference No.: ..................................  

PART A – Initial Information

1. ☐ Completed Transaction ☐ Attempted/Aborted Transaction
   ☐ Terrorist Designation ☐ Counter-Proliferation Designation

2. Is this report a correction or follow-up to a Report previously submitted?
   ☐ NO (Skip to No.4)
   ☐ YES  ☐ Correction  ☐ Follow-up

3. If yes, original Report’s date
   D M Y

4. Reporting date
   D M Y

.../2
5. Which one of the following reporting entities best describes you:

☐ Accountant
☐ Attorney-at-Law
☐ Commercial Bank
☐ Cooperative Society
☐ Credit Union
☐ Corporate &/or Trust Service Provider
☐ Dealer in Precious Metals &/ or Stones
☐ Finance Company
☐ Gaming Institution
☐ General Insurance Company
☐ International/Offshore Bank
☐ Life Insurance Broker/Agent
☐ Life Insurance Company
☐ Merchant Bank
☐ Money Service Business/Money or Value Transmission Services
☐ Mutual Fund Administrator/Manager
☐ Real Estate Agent/Entity
☐ Regulator
☐ Securities Dealer
☐ Trust Company/Corporation
☐ Other ........................................
Part B – Identity of Customer/Client 1

1. Click or tap here to enter text.  
   Surname

2. Click or tap here to enter text.  
   Given Name

3. Click or tap here to enter text.  
   Middle Name(s)

4. Click or tap here to enter text.  
   Alternative Names/Spelling

5. Click or tap here to enter text.  
   Address(es)

6. Click or tap here to enter text.  
   Nationality/(ies)

7. Click or tap here to enter text.  
   Date of Birth (D/M/Y)

8. Identifier #1  
   ☐ ID Card  
   ☐ Passport  
   ☐ Driver’s License  
   ☐ Other

9. Click or tap here to enter text.  
   ID No.(1)

10. Click or tap here to enter text.  
    Place of Issue

11. Identifier #2  
    ☐ ID Card  
    ☐ Passport  
    ☐ Driver’s License  
    ☐ Other

12. Click or tap here to enter text.  
    ID No.(2)

13. Click or tap here to enter text.  
    Place of Issue

14. Click or tap here to enter text.  
    Occupation

15. Click or tap here to enter text.  
    Employer

16. Click or tap here to enter text.  
    Telephone # (Include area Code) (H)
Click or tap here to enter text.  
Telephone # (Include area Code) (C)

17. Click or tap here to enter text.  
    Email Address(es)

18. Click or tap here to enter text.  
    Account Number(s)
   ☐ Personal  
   ☐ Corporate  
   ☐ Trust  
   ☐ Other
Click or tap here to enter text.

19. Click or tap here to enter text.  
    State if account is joint, other signatories, etc

20. Click or tap here to enter text.  
    Provide other account(s) customer may have at institution, include account type, whether joint, 
other signatories, etc.
**CUSTOMER/CLIENT 2**

1. Click or tap here to enter text.
   Surname

2. Click or tap here to enter text.
   Given Name

3. Click or tap here to enter text.
   Middle Name(s)

4. Click or tap here to enter text.
   Alternative names/Spelling

5. Click or tap here to enter text.
   Address(es)

6. Click or tap here to enter text.
   Date of Birth (D/M/Y)

7. Click or tap here to enter text.

8. Identifier #1
   - [ ] ID Card
   - [ ] Passport
   - [ ] Driver’s License
   - [ ] Other

9. Click or tap here to enter text.
   ID No.(1)

10. Click or tap here to enter text.
    Place of Issue

11. Identifier #2
    - [ ] ID Card
    - [ ] Passport
    - [ ] Driver’s License
    - [ ] Other ………………………

12. Click or tap here to enter text.
    ID No.(2)

13. Click or tap here to enter text.
    Place of Issue

14. Click or tap here to enter text.
    Occupation

15. Click or tap here to enter text.
    Employer

16. Click or tap here to enter text.
    Telephone # (Include area Code) (H)

17. Click or tap here to enter text.
    Telephone # (Include area Code) (W)

18. Click or tap here to enter text.
    Email Address(es)

19. Click or tap here to enter text.
    Account Number(s)

20. Provide other account(s) customer may have at institution, include account type, whether joint, other signatories, etc.

   Click or tap here to enter text.

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*Customer 2 applies where there is a transfer between customers.*
CUSTOMER/CLIENT – Company

Name: Please enter the name of the company.
Date of Incorporation: Click or tap to enter a date.

Share Capital
Click or tap here to enter text.
Country of Incorporation
Click or tap here to enter text.

Number
Click or tap here to enter text.
Type Choose an item.

Business Activity
Click or tap here to enter text.
Website
Click or tap here to enter text.

Relationship to Company:
Please enter the relationship

<table>
<thead>
<tr>
<th>Items in Relationship to Company Drop-Down Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Officer</td>
</tr>
<tr>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>Nominee Director</td>
</tr>
<tr>
<td>Shareholder</td>
</tr>
<tr>
<td>Director</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Items in ‘Type’: Drop-Down Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountant</td>
</tr>
<tr>
<td>Attorney-at-Law</td>
</tr>
<tr>
<td>Commercial Bank</td>
</tr>
</tbody>
</table>

1. Click or tap here to enter text.
   Surname
2. Click or tap here to enter text.
   Given Name
3. Click or tap here to enter text.
   Middle Name(s)
4. Click or tap here to enter text.
   Alternative names/Spelling
5. Click or tap here to enter text.
   Address(es)
6. Click or tap here to enter text.
   Date of Birth (D/M/Y)
7. Click or tap here to enter text.

8. Identifier #1  ☐ ID Card
     ☐ Passport
     ☐ Driver’s License
     ☐ Other
9. Click or tap here to enter text.
    ID No.(1)
10. Click or tap here to enter text.
    Place of Issue
11. Identifier #2  ☐ ID Card
     ☐ Passport
     ☐ Driver’s License
     ☐ Other
12. Click or tap here to enter text.
    ID No.(2)
13. Click or tap here to enter text.
    Place of Issue
14. Click or tap here to enter text.
   Occupation

15. Click or tap here to enter text.
   Employer

16. Click or tap here to enter text.
   Telephone # (Include area Code) (H)
   Telephone # (Include area Code) (W)
   Telephone # (Include area Code) (C)

17. Click or tap here to enter text.
   Email Address(es)

18. Click or tap here to enter text.
   Account Number(s)
   □ Personal
   □ Corporate
   □ Trust
   □ Other ........................................

19. Click or tap here to enter text.
   State if account is joint, other signatories, etc

20. Click or tap here to enter text.
   Provide other account(s) customer may have at institution, include account type, whether joint,
   other signatories, etc.

*Customer/Client 2 applies where there is a transfer between customers.*
PART C – To be completed only if the transaction was conducted on behalf of another person/entity other than those mentioned in Part B.

1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text.
   Surname       Given Name       Middle Name(s)

4. Click or tap here to enter text. 5. Click or tap here to enter text.
   Alternative names/Spelling

6. Click or tap here to enter text. 7. Click or tap here to enter text.
   Date of Birth (D/M/Y)

8. Identifier #1
   □ ID Card
   □ Passport
   □ Driver’s License
   □ Other

   Click or tap here to enter text.

9. Click or tap here to enter text. 10. Click or tap here to enter text. 11. Click or tap here to enter text.
   ID No.(1)       Place of Issue       Occupation/Type of Business

12. Click or tap here to enter text. 13. Click or tap here to enter text.
    Employer       Telephone (#1)- area code (H)

    Click or tap here to enter text.
    Telephone (#2) - area code (W)

    Click or tap here to enter text.
    Telephone (#3)- area code (C)

14. Click or tap here to enter text. 15. Click or tap here to enter text.
    Email Address #1       Email Address #2

16. Click or tap here to enter text.
    Account Number(s)

17. Click or tap here to enter text.
    State if a/c joint, other signatories, etc
PART D – Transaction Details

1. Type of Transaction

☐ Cash Out
☐ Deposit to an account Cash/Cheque
☐ Life Insurance Policy purchased/deposit
☐ Purchase of bank draft
☐ Purchase of Jewelry
☐ Purchase of precious metals/stones
☐ Securities
☐ Real Estate Purchase
☐ Other ................................

2. Date(s) of transaction(s) D M Y

3. Click or tap here to enter text. Amount & Currency

4. Click or tap here to enter text. BBD $ Equivalent

5. Click or tap here to enter text. Name of drawer/Ordering Customer

6. Click or tap here to enter text. Name of Payee/beneficiary

7. Click or tap here to enter text. Other bank involved, other Country

Please provide copies of relevant documents (e.g. bank statements, real estate documents, etc.) for suspicious or unusual activity and identification and verification information.

PART E – Grounds for Suspicion

(Please describe clearly and completely the factors or unusual circumstances that led you to suspect that the transaction(s) involve(s) the proceeds of crime, involve(s) the financing of terrorism, is of a suspicious or unusual nature.)

If the report relates to attempted transaction(s), describe why each one was not completed.

Click or tap here to enter text.

PART E2

If additional information is attached, please tick box ☐
PART E3

If identity of the customer has not been established in PART B and they are not known to the officer, give a description (e.g., sex, approximate age, height, built, ethnicity, complexion, etc.)

Click or tap here to enter text.
PART F - Suspected Offences

☐ Participation in an organised criminal group and racketeering
☐ Terrorism, including terrorist financing;
☐ Trafficking in human beings and migrant smuggling
☐ Sexual exploitation, including sexual exploitation of children
☐ Illicit trafficking in narcotic drugs and psychotropic substances
☐ Illicit arms trafficking; and illicit trafficking in stolen and other goods
☐ Corruption and bribery
☐ Fraud
☐ Counterfeiting currency

☐ Counterfeiting and piracy of products
☐ Environmental crime
☐ Murder, grievous bodily injury
☐ Kidnapping, illegal restraint and hostage-taking
☐ Robbery or theft
☐ Smuggling; (including in relation to customs and excise duties and taxes)
☐ Tax crimes (related to direct taxes and indirect taxes)
☐ Extortion
☐ Piracy Forgery
☐ Insider trading and market manipulation
☐ Proliferation Financing
☐ Unknown

PART G - Details of financial institution/place of transaction

1. Click or tap here to enter text. Organisation
2. Click or tap here to enter text. Branch where transaction occurred if applicable
3. Click or tap here to enter text. Name and Title of Reporting Officer
4. Click or tap here to enter text. Signature of Reporting Officer
5. Click or tap here to enter text. Dealers internal reference number
6. Click or tap here to enter text. Reporting Officer’s direct telephone number