

**SUSPICIOUS / UNUSUAL
TRANSACTION
REPORT**

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
ANTI-MONEY LAUNDERING AUTHORITY
P.O. BOX 1372 Bridgetown, Barbados
FACSIMILE NO. (246) 436-4756
Email: amla@sunbeach.net
For urgent reporting – Tel. (246) 436-4734/5

PLEASE WRITE IN BLOCK LETTERS

PART A Identity of customers involved in transaction	
CUSTOMER 1	CUSTOMER 2 (if more than one customer at counter)
1.: (Given names and surname)	1.: (Given names and surname)
2.: (Address)	2.: (Address)
3.: (Nationality – if not Barbadian)	3.: (Nationality – if not Barbadian)
4.: (Occupation)	4.: (Occupation)
5.: (Date of birth)	5.: (Date of birth)
6.: Type and number of affected accounts	6.: Type and number of affected accounts
7.: Particulars of ID, e.g. National ID no., bank account no.	7.: Particulars of ID, e.g. National ID no., bank account no.

PART B Name of account holder	PART C Transaction details
(To be completed only if transaction was conducted on behalf of another person other than those mentioned in part A)	
8.: (Given names and surname)	15.: Type of transaction (e.g. deposit, purchase travellers' chq)
9.: (Address)	16.: (Date of transaction)
10.: (Nationality – if not Barbadian)	17.: (Amount of transaction (\$BC))
11.: (Occupation)	18.: (If foreign currency involved, name)
12.: (Date of birth)	19.: (Cheque / transfer / money order / etc)
13.: Type and number of affected accounts	(Name of drawer / Ordering customer)
	(Name of payee / beneficiary)
14.: Particulars of ID, e.g. National ID no., bank account no.	20. Other bank involved (if applicable)–name/branch/country

PART D Grounds for suspicion (and description if appropriate)

21. Give details of the nature of and circumstances surrounding the transaction and the reason for suspicion
(PLEASE WRITE IN BLOCK LETTERS)

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.....(If insufficient space, attach a separate statement)

22. If additional information is attached, tick this box

FIU USE ONLY

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

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PART E Details of financial institution/place of transaction

24. Type of cash dealer: BANK Cr. Union
Other (describe)
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25. Organisation.....

26. Branch.....

27. Address of Branch
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28. Signatory.....

29. Title/Position.....

30. Dealers Internal
reference number.....