

**FINANCIAL INTELLIGENCE AGENCY
TURKS AND CAICOS ISLANDS**

FOR OFFICIAL USE ONLY

SUSPICIOUS ACTIVITY/ TRANSACTION REPORT**SECTION 1**

1. Report Date (dd/mm/yyyy):		2. Activity/Transaction Date(dd/mm/yyyy):	
3. Type: <input type="checkbox"/> New <input type="checkbox"/> Supplementary		4. Location where activity occurred:	

SECTION 2: DETAILS OF REPORTING ENTITY

5. Name of Reporting Entity:	
6. Category:	7. Tel. Number:
8. Email Address:	9. Fax Number:

SECTION 3: SUBJECT OF THE REPORT *(this section should be completed if the subject is a stand-alone customer or natural person with no connection to a business entity; however if connected, this section must be completed along with Section 4).*

10. Title:	11. Last Name:
12. First Name:	13. Middle Name:
14. Other Names:	15. DOB:
16. Place of Birth:	17. Nationality:
18. Address:	
19. Occupation:	20. Tel. Number:
21. Forms of Identification Available(i.e. Passport, Driver's License and others):	
22. Identification Document Number:	
23. Date of Issue/Expiration:	24. Place of Issue:
Business Relationship:	
25. Commenced (dd/mm/yyyy):	Finished (dd/mm/yyyy):
26. Account Number if Applicable:	

Suspicious Activity/ Transaction Report Form for the Reporting of Unusual /Suspicious Activities/ Transactions in Accordance With Sections 127 & 128 Of The Proceeds Of Crime Ordinance and Sections 13&16 of the Prevention of Terrorism Ordinance.

Completed reports should be submitted electronically to submissions@fia.tc. The document **FIA-SARGUIDE-0222-2.0** provides details on the completion of this form. To view this document, click [HERE](#).

Contact the FIA at **1-649-941-7691/3692/8429** for any queries

SECTION 4: DETAILS OF SUBJECT *(if subject is a legal entity)*

27. Legal Entity's Name:

28. Country Registered/ Incorporated:

29. Date Registered/ Incorporated (dd/mm/yyyy):

30. Address of the Registered Office:

31. Business Address:

32. Trade or Business Activity:

33. Business Relationship:

Commenced (dd/mm/yyyy):

Finished (dd/mm/yyyy):

34. Was the subject introduced? Yes No

35. If Yes, state full details and address of introducer in the space below:

Name:

Tel. Number:

Address:

36. Shareholders:

Name:

Name:

37. Directors:

Name:

Name:

38. Ultimate Beneficial Owner (s):

Name:

Address:

Name:

Address:

39. Account Number if Applicable:

SECTION 5: INSTRUMENTS/MECHANISMS USED/ATTEMPTED *(Choose by ticking all that apply to the instrument/mechanism used)*

40. Instruments and Mechanisms

 Notes/ Currency Cheque Letter of credit Mutual fund Credit/ Debit Card Wire / Money
transfer Insurance
policy Gaming chips

Other :

41. Currency & Value:

42. Transaction Type: Completed Attempted

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SECTION 6: SAR/ STR NARRATIVE: This section of the report is critical. Provide a chronological and complete account of the transaction/activity detailing what caused your suspicion i.e. what is unusual, irregular or suspicious. *The field provided for the narrative increases as you type allowing you to provide as much information as needed.*

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SECTION 7: This report was prepared by

Last name:	
First name:	
Title/ Post:	
Phone number:	
Date report was prepared:	

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