

**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 | | 4a. Location where activity occurred: | |
| 4b. Category of Suspicion: <input type="checkbox"/> Money Laundering <input type="checkbox"/> Terrorist Financing <input type="checkbox"/> Proliferation Financing <input type="checkbox"/> Virtual Assets | | | |

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).*

| | | | |
|--|--------------------------|------------------------|--|
| 10a. Sex: | 10b. 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: | | | |
| 23a. Date of Issue: | 23b. Date of Expiration: | 24. Place of Issue: | |
| 25. Business Relationship: 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-0222-2.2 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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| |
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44. Supporting documents attached: Yes No

SECTION 7: This report was prepared by

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

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