



TERRORIST AND PROLIFERATION FINANCING ACTIVITY REPORT (TPFA)

Complete as much of this form as possible. Please replicate the applicable parts for multiple activities/attempted transactions.

SEND THE COMPLETED FORM TO:

The Director
Financial Intelligence Centre
71 Robert Mugabe Ave
Windhoek
Facsimile: (061) 283 5687/5918/5922
E-mail: helpdesk@fic.na

DISCLAIMER

Reporting of suspicious activities and attempted transactions is required under Section 33 of the Financial Intelligence Act (FIA), Act No.13 of 2012, read with Regulation 20, 21 and 22 of FIA.

IMPORTANT INFORMATION

It is an offence i.t.o Section 33(4) and read with Section 46 of the Financial Intelligence Act, Act No.13 of 2012 for any person to either directly or indirectly disclose to any other person that a disclosure has been submitted to the Financial Intelligence Centre.

FOR FURTHER INFORMATION CONTACT:

FIC Helpdesk at 061 – 283 5287/5100 or via e-mail at: helpdesk@fic.na

REPORT DATE

Y	Y	Y	Y	/	M	M	/	D	D
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PART A: PARTICULARS OF THE PERSON/ENTITY SUBMITTING THE TPFA REPORT

Full name Reporting Entity (If not already registered with the FIC, complete the rest of Part A)

Entity Registration number

Entity Incorporation City

Entity Incorporation Country

Operating Street Address

Nature of Business (i.e Legal Practitioner, Casino, Real Estate)

PARTICULARS OF THE PERSON SUBMITTING THE REPORT:

First Name

Last Name

Nationality

ID Number

Telephone no (with area code)

Cellphone number

Postal Address

Street Address

PART D1: PARTICULARS OF PERSON BEING REPORTED AS A PARTY TO THE TPFA REPORT

First Name Last Name

Date of Birth

Y	Y	Y	Y	/	M	M	/	D	D
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 Identification (At least one should be provided)

Nationality ID Number Passport Driver's License

Occupation Identification: Issue Country

PERSON PHONE AND ADDRESS DETAILS

Telephone no (with area code) Cellphone number

Postal Address Street Address

City/Town Country

EMPLOYER INFORMATION

Name of Employer

PART D2: PARTICULARS OF ACCOUNTS INVOLVED IN TPFA REPORT

Account Name/Holder

Account Number Institution Name (where account is held)

PART D2-1 : ACCOUNT SIGNATORY INFORMATION

First Name Last Name

Date of Birth

Y	Y	Y	Y	/	M	M	/	D	D
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 Identification (If available)

Nationality ID Number Passport Driver's License

Occupation Identification: Issue Country

PERSON PHONE AND ADDRESS DETAILS

Telephone no (with area code) Cellphone number

Address City/Town

EMPLOYER INFORMATION

Name of Employer

Telephone no (with area code) Address

PART D3: PARTICULARS OF ENTITY REPORTED AS A PARTY TO TPFA REPORT

Name of Entity

Type of Business

ENTITY PHONE AND ADDRESS DETAILS

Telephone no (with area code)

Cellphone number

Postal Address

Street Address

City/Town

Country

DIRECTOR INFORMATION

First Name

Last Name

Role in Organization

- Accountant Auditor Beneficial Owner Company Secretary CEO Director General Attendant/Drivers

- Stakeholder Unknown Other

Please Note:

A typical Terrorist Financing and Proliferation Financing Activity Report may contain more than one involved Person, Account or Entity.

The **Parts D1 – D3** have been duplicated below to allow the submitter to provide additional involved parties to the report.

Kindly ignore if not applicable.

PART D1: PARTICULARS OF PERSON BEING REPORTED AS A PARTY TO THE TPFA REPORT

First Name Last Name

Date of Birth

Y	Y	Y	Y	/	M	M	/	D	D
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Nationality

Occupation

Identification (At least one should be provided)

ID Number Passport Driver's License

Identification: Issue Country

PERSON PHONE AND ADDRESS DETAILS

Telephone no (with area code)

Cellphone number

Postal Address

Street Address

City/Town

Country

EMPLOYER INFORMATION

Name of Employer

PART D2: PARTICULARS OF ACCOUNTS INVOLVED IN TPFA REPORT

Account Name/Holder

Account Number

Institution Name (where account is held)

PART D2-1 : ACCOUNT SIGNATORY INFORMATION

First Name

Last Name

Date of Birth

Y	Y	Y	Y	/	M	M	/	D	D
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Identification (If available)

Nationality

ID Number Passport Driver's License

Occupation

Identification: Issue Country

PERSON PHONE AND ADDRESS DETAILS

Telephone no (with area code)

Cellphone number

Address

City/Town

EMPLOYER INFORMATION

Name of Employer

Telephone no (with area code)

Address

PART D3: PARTICULARS OF ENTITY REPORTED AS A PARTY TO TPGA REPORT

Name of Entity

Type of Business

ENTITY PHONE AND ADDRESS DETAILS

Telephone no (with area code)

Cellphone number

Postal Address

Street Address

City/Town

Country

DIRECTOR INFORMATION

First Name

Last Name

Role in Organization

- Accountant Auditor Beneficial Owner Company Secretary CEO Director General Attendant/Drivers

- Stakeholder Unknown Other