

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 5687/5918/592
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

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PART A: PARTICULARS OF THE PERSON/EN	ITITY SUBMITTING THE TPFA REPORT
Full name Reporting Entity (If not already registered	d 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, Re	eal Estate)
PARTICULARS OF THE PERSON SUBMITTING THE RI	EPORT:
First Name	Last Name
Nationality	ID Number
Telephone no (with area code)	Cellphone number
Postal Address	Street Address

neration i mant	i completely the facts ling Activity. Use addi	or unusual circumsta	nces or grounds that i	ed to the suspicion of a Terro	rist and
	ing Activity. Use addi	tional pages if fiecess	ary.		
	PTION OF THE ACT	TION TAKEN			
RT C : DESCRI	d completely what act	ion was or will be take	en after the suspicion v	was formed.	
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Nationality	ID Number	Passport	Driver's License
Occupation	Identification: Iss	uo Country	
occupation	identification. iss	de Country	
PERSON PHONE AND ADDRESS DETAILS			
Геlephone no (with area code)	Cellphone number	er	
Postal Address	Street Address		
ostal Address	Street Address		
City/Town	Country		
EMPLOYER INFORMATION Name of Employer			
Name of Employer			
PART D2: PARTICULARS OF ACCOUNTS INVOLVED	IN TPFA REPORT		
Account Name/Holder			
Account Number	Institution Name	(where account is h	eld)
PART ROAD ACCOUNT CICALATORY INFORMATION			
	Last Name		
	Last Name		
First Name			
Date of Birth Y	Identification (If	,	
Date of Birth Y Y Y Y M M J D D		available) Passport	Driver's License
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Date of Birth Y Y Y Y Y M M M / D D Nationality Occupation PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code) Address EMPLOYER INFORMATION Name of Employer	Identification (If a ID Number Identification: Iss Cellphone number City/Town	Passport ue Country	Driver's License
Date of Birth Y Y Y Y Y M M M / D D Nationality Occupation PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code) Address EMPLOYER INFORMATION Name of Employer	Identification (If a ID Number Identification: Iss	Passport ue Country	Driver's License
PART D2-1 : ACCOUNT SIGNATORY INFORMATION First Name Date of Birth Y Y Y Y Y / M M / D D Nationality Occupation PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code) Address EMPLOYER INFORMATION Name of Employer Telephone no (with area code)	Identification (If a ID Number Identification: Iss Cellphone number City/Town	Passport ue Country	Driver's License
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CONFIDENTIAL 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 ☐ Beneficial Owner Accountant Auditor ☐ 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.

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Date of Birth		. - - -	
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Nationality	ID Number	Passport	Driver's License
Occupation	Identification: Iss	sue Country	
PERSON PHONE AND ADDRESS DETAILS			
Telephone no (with area code)	Cellphone numb	er	
Postal Address	Street Address		
City/Town	Country		
EMPLOYER INFORMATION			
Name of Employer			
PART D2: PARTICULARS OF ACCOUNTS INVOLVED I	N TPFA REPORT		
Account Name/Holder			
Account Number	Institution Name	(where account is he	eld)
PART D2-1: ACCOUNT SIGNATORY INFORMATION			
	Last Name		
First Name	Last Name		
First Name	Last Name Identification (If	available)	
Pirst Name Date of Birth Y Y Y Y M M / D D		available) Passport	Driver's License
Date of Birth Y Y Y Y M M / D D Nationality	Identification (If	Passport	Driver's License
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PART D3: PARTICULARS OF ENTITY REPORTED AS Name of Entity	Type of Business
ENTITY PHONE AND ADDRESS DETAILS Telephone no (with area code)	Cellphone number
elephone no (man area code)	
Postal Address	Street Address
City/Town	Country
ACT TOWN	Country
NIDECTOR INICORMATION	
DIRECTOR INFORMATION First Name	Last Name
Role in Organization Accountant Auditor Beneficial Owner Comp.	any Secretary CEO Director General Attendant/Drivers
	any Secretary CLO
Stakeholder Unknown Other	