

**CONFIDENTIAL**



## SUSPICIOUS TRANSACTION REPORT (STR)

Complete as much of this form as possible. Please replicate the applicable parts for multiple 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](mailto:helpdesk@fic.na)

**DISCLAIMER**

Reporting of suspicious 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](mailto: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 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 COMPLIANCE OFFICER:**

First Name

Last Name

Nationality

ID Number

Telephone no (with area code)

Cellphone number

Postal Address

Street Address

**PART B1 : PARTICULARS OF THE TRANSACTION (HOW TRANSACTION WAS INITIATED AND COMPLETED)**

Transaction Date

Y	Y	Y	Y	/	M	M	/	D	D
---	---	---	---	---	---	---	---	---	---

Transaction Number (if available)

Transaction conducted in foreign currency?

Yes  No

Transaction Local Amount

Foreign Currency

Transaction Currency

Foreign Currency Amount

Transaction Mode – How transaction was conducted - Mark appropriate answer boxes with a cross (x)

<input type="checkbox"/> ATM	<input type="checkbox"/> Debit Card Purchase	<input type="checkbox"/> Cell Phone Banking	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Denomination Exchange	<input type="checkbox"/> Currency Exchange
<input type="checkbox"/> Courier	<input type="checkbox"/> Cheque Payment	<input type="checkbox"/> Electronic Transaction	<input type="checkbox"/> EWALLET	<input type="checkbox"/> In-Branch Deposit	<input type="checkbox"/> In-Branch Withdrawal
<input type="checkbox"/> Refund	<input type="checkbox"/> In-Branch/Office	<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Loan Repayments	<input type="checkbox"/> Mail Deposit	<input type="checkbox"/> Proposed Transaction
<input type="checkbox"/> Other <input style="width: 70%; border: 1px solid black;" type="text"/>					

Transaction Description – Describe the transaction

Transaction location

Originating Country

Source Funds Code – Type of Funds used in initiating transaction Mark with cross (x)

Destination Funds Code – Disposition of Funds – Mark with ✓

<input type="checkbox"/> Cash	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Casino Chips	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Deposit
<input type="checkbox"/> Money Order	<input type="checkbox"/> Currency Exchange	<input type="checkbox"/> EFT	<input type="checkbox"/> From Account	<input type="checkbox"/> Hotel Transaction	<input type="checkbox"/> Travelers Cheques
<input type="checkbox"/> Life Insurance Policy	<input type="checkbox"/> NGO, Charity	<input type="checkbox"/> Postal Order	<input type="checkbox"/> Real Estates	<input type="checkbox"/> Securities	
<input type="checkbox"/> Other <input style="width: 70%; border: 1px solid black;" type="text"/>					

Destination Country

**PART B2: SOURCE AND DESTINATION PARTICULARS OF TRANSACTION**

**Select source (originating) party of the transaction:**

<input type="checkbox"/> Person	➔	Complete section C1
<input type="checkbox"/> Account	➔	Personal Accounts - Complete sections C2, C2-1; Business Accounts – Complete Sections C2, C2-1, C2-2
<input type="checkbox"/> Entity (No account)	➔	Complete section C2-2

**Select destination party of the transaction:**

<input type="checkbox"/> Person	➔	Complete section D1
<input type="checkbox"/> Account	➔	Personal Accounts - Complete sections D2, D2-1; Business Accounts – Complete Sections D2, D2-1, D2-2
<input type="checkbox"/> Entity (No account)	➔	Complete section D2-2

**PART B3: PARTICULARS OF PERSON CONDUCTING THE TRANSACTION (CONDUCTOR)**

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

Drivers License

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

Telephone no (with area code)

Cellphone number

Postal Address

Street Address

City/Town

Country

# SOURCE PARTY INFORMATION

## PART C1: PARTICULARS OF PERSON BEING REPORTED AS A PARTY TO THE TRANSACTION

My Client <input type="checkbox"/>	Not My Client <input type="checkbox"/>	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name	Last Name		
<input type="text"/>	<input type="text"/>		
Date of Birth	Identification (At least one should be provided)		
<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y / <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D	ID Number	Passport	Drivers License
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Identification: Issue Country		
Occupation	<input type="text"/>		
<input type="text"/>			

### PERSON PHONE AND ADDRESS DETAILS

Telephone no (with area code)	Cellphone number
<input type="text"/>	<input type="text"/>
Postal Address	Street Address
<input type="text"/>	<input type="text"/>
City/Town	Country
<input type="text"/>	<input type="text"/>

### EMPLOYER INFORMATION

Name of Employer	
<input type="text"/>	
Telephone no (with area code)	Cellphone number
<input type="text"/>	<input type="text"/>
Postal Address	Street Address
<input type="text"/>	<input type="text"/>
City/Town	Country
<input type="text"/>	<input type="text"/>

**PART C2 : PARTICULARS OF ACCOUNTS INVOLVED IN TRANSACTION**

My Client  Not My Client

Account Name/Holder

Account Number

Institution Name (where account is held)

Branch

Account Currency

Date Opened

Y	Y	Y	Y	/	M	M	/	D	D
---	---	---	---	---	---	---	---	---	---

Account Status

Active   
  Dormant   
  Closed   
  Inactive   
  Restricted   
  Unknown  
 Other

Account Balance

Date of Balance

Y	Y	Y	Y	/	M	M	/	D	D
---	---	---	---	---	---	---	---	---	---

Account Type

Business   
  Current   
  Investment   
  Loan Account   
  Mortgage   
  Personal Account   
  Personal Loan  
 Foreign Currency   
 Savings   
 Trading   
 Trust   
 Vehicle Hire Purchase   
 Unknown  
 Other

**PART C2-1 : ACCOUNT SIGNATORY INFORMATION**

Primary Signatory? Yes  No

Role in account

Joint Accounts   
  Legal Guardian   
  Minor Beneficiary   
  Primary Signatory   
  Proxy to Account  
 Secondary Signatory   
 Other

First Name

Last Name

Date of Birth

Y	Y	Y	Y	/	M	M	/	D	D
---	---	---	---	---	---	---	---	---	---

Identification (At least one should be provided)

Nationality

ID Number

Passport

Drivers 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)

Cellphone number

Address

City/Town

**PART C2-2: PARTICULARS OF THE ENTITY BEING REPORTED AS A PARTY TO THE TRANSACTION**

Name of Entity  Type of Business

Incorporation Legal Form

<input type="checkbox"/> AG	<input type="checkbox"/> CC Closed Corporation	<input type="checkbox"/> Co. Company	<input type="checkbox"/> Corp. Corporation	<input type="checkbox"/> Pty. Limited
<input type="checkbox"/> Partnership	<input type="checkbox"/> Foundation	<input type="checkbox"/> Inc. Incorporated	<input type="checkbox"/> L.L.C Limited Liability Company	<input type="checkbox"/> Public Limited
<input type="checkbox"/> Ltd Limited	<input type="checkbox"/> PLC. Public Limited Co.	<input type="checkbox"/> Trust	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other	<input type="text"/>			

Business Open  Closed

Incorporation Number  Incorporation Country

**ENTITY PHONE AND ADDRESS DETAILS**

Telephone no (with area code) <input type="text"/>	Cellphone number <input type="text"/>
Postal Address <input type="text"/>	Street Address <input type="text"/>
City/Town <input type="text"/>	Country <input type="text"/>

**DIRECTOR INFORMATION (1)**

First Name  Last Name

Role in Organization

<input type="checkbox"/> Accountant	<input type="checkbox"/> Auditor	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Company Secretary	<input type="checkbox"/> CEO	<input type="checkbox"/> Director	<input type="checkbox"/> General Attendant/Drivers
<input type="checkbox"/> Stakeholder	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="text"/>			

**DIRECTOR INFORMATION (2)**

First Name  Last Name

Role in Organization

<input type="checkbox"/> Accountant	<input type="checkbox"/> Auditor	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Company Secretary	<input type="checkbox"/> CEO	<input type="checkbox"/> Director	<input type="checkbox"/> General Attendant/Drivers
<input type="checkbox"/> Stakeholder	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="text"/>			

# DESTINATION PARTY INFORMATION

## PART D1: PARTICULARS OF PERSON BEING REPORTED AS A PARTY TO THE TRANSACTION

My Client <input type="checkbox"/>	Not My Client <input type="checkbox"/>	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name	Last Name		
<input type="text"/>	<input type="text"/>		
Date of Birth	Identification (At least one should be provided)		
<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y / <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D	ID Number	Passport	Drivers License
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Identification: Issue Country		
Occupation	<input type="text"/>		
<input type="text"/>			

### PERSON PHONE AND ADDRESS DETAILS

Telephone no (with area code)	Cellphone number
<input type="text"/>	<input type="text"/>
Postal Address	Street Address
<input type="text"/>	<input type="text"/>
City/Town	Country
<input type="text"/>	<input type="text"/>

### EMPLOYER INFORMATION

Name of Employer	
<input type="text"/>	
Telephone no (with area code)	Cellphone number
<input type="text"/>	<input type="text"/>
Postal Address	Street Address
<input type="text"/>	<input type="text"/>
City/Town	Country
<input type="text"/>	<input type="text"/>

**PART D2 : PARTICULARS OF ACCOUNTS INVOLVED IN TRANSACTION**

My Client  Not My Client

Account Name/Holder

Account Number

Institution Name (where account is held)

Branch

Account Currency

Date Opened

Y	Y	Y	Y	/	M	M	/	D	D
---	---	---	---	---	---	---	---	---	---

Account Status

Active   
  Dormant   
  Closed   
  Inactive   
  Restricted   
  Unknown  
 Other

Account Balance

Date of Balance

Y	Y	Y	Y	/	M	M	/	D	D
---	---	---	---	---	---	---	---	---	---

Account Type

Business   
  Current   
  Investment   
  Loan Account   
  Mortgage   
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  Personal Loan  
 Foreign Currency   
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**PART D2-1 : ACCOUNT SIGNATORY INFORMATION**

Primary Signatory? Yes  No

Role in account

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  Legal Guardian   
  Minor Beneficiary   
  Primary Signatory   
  Proxy to Account  
 Secondary Signatory   
 Other

First Name

Last Name

Date of Birth

Y	Y	Y	Y	/	M	M	/	D	D
---	---	---	---	---	---	---	---	---	---

Identification (At least one should be provided)

Nationality

ID Number

Passport

Drivers 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)

Cellphone number

Address

City/Town



**PART D2-2: PARTICULARS OF THE ENTITY BEING REPORTED AS A PARTY TO THE TRANSACTION**

Name of Entity	Type of Business
<input type="text"/>	<input type="text"/>

**Incorporation Legal Form**

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<input type="checkbox"/> Partnership	<input type="checkbox"/> Foundation	<input type="checkbox"/> Inc. Incorporated	<input type="checkbox"/> L.L.C Limited Liability Company	<input type="checkbox"/> Public Limited
<input type="checkbox"/> Ltd Limited	<input type="checkbox"/> PLC. Public Limited Co.	<input type="checkbox"/> Trust	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other	<input type="text"/>			

Business	Open <input type="checkbox"/>	Closed <input type="checkbox"/>
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Incorporation Number	Incorporation Country
<input type="text"/>	<input type="text"/>

**ENTITY PHONE AND ADDRESS DETAILS**

Telephone no (with area code)	Cellphone number
<input type="text"/>	<input type="text"/>
Postal Address	Street Address
<input type="text"/>	<input type="text"/>
City/Town	Country
<input type="text"/>	<input type="text"/>

**DIRECTOR INFORMATION (1)**

First Name	Last Name
<input type="text"/>	<input type="text"/>

**Role in Organization**

<input type="checkbox"/> Accountant	<input type="checkbox"/> Auditor	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Company Secretary	<input type="checkbox"/> CEO	<input type="checkbox"/> Director	<input type="checkbox"/> General Attendant/Drivers
<input type="checkbox"/> Stakeholder	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="text"/>			

**DIRECTOR INFORMATION (2)**

First Name	Last Name
<input type="text"/>	<input type="text"/>

**Role in Organization**

<input type="checkbox"/> Accountant	<input type="checkbox"/> Auditor	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Company Secretary	<input type="checkbox"/> CEO	<input type="checkbox"/> Director	<input type="checkbox"/> General Attendant/Drivers
<input type="checkbox"/> Stakeholder	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="text"/>			

