

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

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

REPORT DATE									
Υ	Υ	Υ	Υ	/	M	M	/	D	D
		_							

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										
YYY	Y / M	M / [D								
Transaction	Number (if av	ailable)				Transaction conducted in foreign currency?					
						Yes No					
Transaction	Local Amount					Foreign Currency					
Transaction Currency						Foreign Curr	ency An	nount			
Transaction	Mode – How	transactio	on was co	nducted - Ma	ırk app	ropriate ansv	wer boxe	es with a cross (x)			
Патм	M ☐ Debit Card Purchase ☐ Cell Phone Banking ☐ C		☐ Cre	Credit Card Den		mination Exchange	☐ Currency Exchange				
Courier	☐ Cheque Payr	ment	☐ Electron	nic Transaction	☐ EW	WALLET In-Bra		anch Deposit	☐ In-Branch Withdrawal		
Refund	☐ In-Branch/O	ffice	☐ Interne	t Banking	Loa	n Repayments	☐ Mail	Deposit	☐ Proposed Transaction		
Other											
Transaction	Description –	Describe	the trans	action							
Transaction	location										
Originating	Country										
Source Fund	ds Code – Type	of Fund	s used in i	nitiating trans	saction	Mark with o	cross (x)				
Destination	Funds Code –	Dispositi	on of Fund	ds – Mark wit	:h √						
☐ Cash		Bank Draft		Casino Chips	5	☐ Cheque ☐ C		☐ Credit Card	☐ Deposit		
☐ Money O	rder 🔲	Currency Ex	change	EFT		☐ From Account		☐ Hotel Transaction	☐ Travelers Cheques		
Life Insur	ance Policy	NGO, Chari	ty	Postal Order	•	☐ Real Estates		Securities			
Other											
Destination	Country										
	,										
PART B2:	SOURCE AN	ID DEST	INATIO	N PARTICU	LARS	OF TRANS	ACTION	l			
Select sou	ırce (originatir	ng) party	of the tra	nsaction:							
☐ Persor	<u> </u>	→	Complet	e section C1							
			•	l Accounts - C	Comple	te sections C	2. C2-1:				
☐ Accou	nt			Accounts – (-			., C2-2			
☐ Entity	(No account)	\longrightarrow	Complet	e section C2-	2						
Select des	stination party	of the tr	ansaction) :							
☐ Persor	<u>-</u> 1		Complet	e section D1							
			-	l Accounts - C	`omnle	te sections D	2 D2-1·				
☐ Accou	nt	\longrightarrow		Accounts – (-			1, D2-2			
☐ Entity	(No account)	\longrightarrow	Complet	e section D2-	-2						

PART B3: PARTICULARS OF PERSON CONDUCTING	THE TRANSACTION	ON (CONDUCTOR	R)			
First Name	Last Name					
Date of Birth						
Y Y Y / M M / D D	Identification (At least one should be provided)					
Nationality	ID Number	Passport	Drivers License			
Occupation	Identification: Iss	ue Country				
PERSON PHONE AND ADDRESS DETAILS						
Telephone no (with area code)	Cellphone number	er				
Postal Address	Street Address					
City/Town	Country					
EMPLOYER INFORMATION						
Name of Employer						
Telephone no (with area code)	Cellphone numbe	or.				
relephone no (with area code)	Cemphone number	=1				
Postal Address	Stroot Address					
POSTAI AUUTESS	Street Address					
City/Town	Country					
City/Town	Country					

SOURCE PARTY INFORMATION

PART C1: PARTICULARS OF PERSON BEING RE	PORTED AS A PARTY TO THE TRANSACTION
My Client Not My Client	Gender: Male Female
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
Postal Address	Street Address
City/Town	Country
ENADLOYED INCODMATION	
EMPLOYER INFORMATION Name of Employer	
Name of Employer	
Telephone no (with area code)	Cellphone number
. e.epeee (man area eeae)	
Postal Address	Street Address
1111	111111111111111111111111111111111111111
City/Town	Country

My Client Not My Client			
Account Name/Holder			
Account Number	Institution Name (wh	ere 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	0 1 (0 1		
Account Balance	Date of Balance		, , , , ,
Associat Time	YYY	Y / M M	/ D D
Account Type			. 🗆
□ Business □ Current □ Investment □ Loan Account □ Foreign Currency □ Savings □ Trading □ Trust	☐ Mortgage ☐ Vehicle Hire Purchase	☐ Personal Accoun ☐ Unknown	t Personal Loan
	□ Venicie Hire Purchase	e _ Unknown	
Other			
PART C2-1: ACCOUNT SIGNATORY INFORMATION			
Primary Signatory? Yes No			
Role in account			
☐ Joint Accounts ☐ Legal Guardian ☐ Minor Bene	ficiary 🔲 Primary Sig	gnatory 🗆 F	Proxy to Account
☐ Secondary Signatory ☐ Other			
First Name	Last Name		
Date of Birth	Identification (At leas	t and should be prov	
Y Y Y Y / M M / D D	•	•	idad)
Nationality	ID Number		·
		Passport	rided) Drivers License
Occupation	Identification: Issue C	·	·
Occupation	Identification: Issue C	·	·
	Identification: Issue C	·	·
PERSON PHONE AND ADDRESS DETAILS		·	·
	Identification: Issue C	·	·
PERSON PHONE AND ADDRESS DETAILS	Cellphone number	·	·
PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code)		·	·
PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code)	Cellphone number	·	·
PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code) Address	Cellphone number	·	·
PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code) Address EMPLOYER INFORMATION	Cellphone number	·	·
PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code) Address EMPLOYER INFORMATION	Cellphone number	·	·
PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code) Address EMPLOYER INFORMATION Name of Employer	Cellphone number City/Town	·	·
PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code) Address EMPLOYER INFORMATION Name of Employer	Cellphone number City/Town	·	·
PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code) Address EMPLOYER INFORMATION Name of Employer Telephone no (with area code)	Cellphone number City/Town Cellphone number	·	·

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PART C2-2: PARTICULARS O	OF THE ENTITY BEING	REPORTED	AS A PAR	RTY TO THE	: TRANSA	ACTION	
Name of Entity		Type o	f Business				
Incorporation Legal Form							
☐ AG ☐ CC Closed Co	orporation 🗆 Co. Comp	pany 🗆					
☐ Partnership ☐ Foundation	☐ Inc. Inco	rporated 🗆	ated 🗆 L.L.C Limited Liability Company 🗆 Public Limited				
☐ Ltd Limited ☐ PLC. Public Li	imited Co. 🗆 Trust		Unknown				
☐ Other							
Business Open Clo	osed						
Incorporation Number		Incorp	oration Cou	ntry			
ENTITY DUONE AND ADDRESS OF	TAUC						
ENTITY PHONE AND ADDRESS DE Telephone no (with area code)	:TAILS	Cellnho	ne number				
(With area code)		Cempile	The Halliser				
Postal Address		Street	Street Address				
City/Town		Countr	у				
DIDECTOR INFORMATION (c)							
DIRECTOR INFORMATION (1) First Name		Last Na	me				
Role in Organization							
☐ Accountant ☐ Auditor ☐	Beneficial Owner Con	mpany Secretar	/ CEO	Director	Genera	al Attendant/Drivers	
☐ Stakeholder ☐ Unknown ☐	Other						
						'	
DIRECTOR INFORMATION (2) First Name		Last Na	me				
THIS INCHIC		Lastina					
Role in Organization							
	Beneficial Owner	mpany Secretar	/	Director	Genera	al Attendant/Drivers	
		. ,	,			•	
☐ Stakeholder ☐ Unknown ☐	Other						

DESTINATION PARTY INFORMATION

PART D1: PARTICULARS OF PERSON BEING REP	ORTED AS A PARTY TO THE TRANSACTION
My Client Not My Client	Gender: Male Female
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
Postal Address	Street Address
City/Town	Country
FARLOWER INFORMATION	
EMPLOYER INFORMATION	
Name of Employer	
Telephone no (with area code)	Cellphone number
receptione no (with area code)	
Postal Address	Street Address
1 Ostal Madress	Street / Marcos
City/Town	Country
City/ 10wii	Country

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 ☐ Personal Account ☐ Personal Loan
☐ Foreign Currency ☐ Savings ☐ Trading ☐ Trust	☐ Vehicle Hire Purchase ☐ Unknown
☐ Other	
PART D2-1: ACCOUNT SIGNATORY INFORMATION	
Primary Signatory? Yes No	
Primary Signatory? Yes No No Role in account	ficiary □ Primary Signatory □ Proxy to Account
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene	eficiary
Primary Signatory? Yes No No Role in account	eficiary Primary Signatory Proxy to Account Last Name
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene	
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene	
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other First Name	
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other First Name Date of Birth	Last Name
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other First Name Date of Birth Y Y Y Y M M / D D	Last Name Identification (At least one should be provided)
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other First Name Date of Birth Y Y Y Y M M / D D	Last Name Identification (At least one should be provided)
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other First Name Date of Birth Y Y Y Y M M / D D Nationality	Last Name Identification (At least one should be provided) ID Number Passport Drivers License
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other First Name Date of Birth Y Y Y Y M M / D D Nationality	Last Name Identification (At least one should be provided) ID Number Passport Drivers License Identification: Issue Country
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other First Name Date of Birth Y Y Y Y M M / D D Nationality Occupation	Last Name Identification (At least one should be provided) ID Number Passport Drivers License
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other First Name Date of Birth Y Y Y Y / M M / D D Nationality Occupation PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code)	Last Name Identification (At least one should be provided) ID Number Passport Drivers License Identification: Issue Country Cellphone number
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other First Name Date of Birth Y Y Y Y M M / D D Nationality PERSON PHONE AND ADDRESS DETAILS	Last Name Identification (At least one should be provided) ID Number Passport Drivers License Identification: Issue Country
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other First Name Date of Birth Y Y Y Y M M M / D D Nationality Occupation PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code) Address	Last Name Identification (At least one should be provided) ID Number Passport Drivers License Identification: Issue Country Cellphone number
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other	Last Name Identification (At least one should be provided) ID Number Passport Drivers License Identification: Issue Country Cellphone number
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other First Name Date of Birth Y Y Y Y M M M / D D Nationality Occupation PERSON PHONE AND ADDRESS DETAILS Telephone no (with area code) Address	Last Name Identification (At least one should be provided) ID Number Passport Drivers License Identification: Issue Country Cellphone number
Primary Signatory? Yes No Role in account Joint Accounts	Last Name Identification (At least one should be provided) ID Number Passport Drivers License Identification: Issue Country Cellphone number City/Town
Primary Signatory? Yes No Role in account Joint Accounts Legal Guardian Minor Bene Secondary Signatory Other	Last Name Identification (At least one should be provided) ID Number Passport Drivers License Identification: Issue Country Cellphone number
Primary Signatory? Yes No Role in account Joint Accounts	Last Name Identification (At least one should be provided) ID Number Passport Drivers License Identification: Issue Country Cellphone number City/Town Cellphone number
Primary Signatory? Yes No Role in account Joint Accounts	Last Name Identification (At least one should be provided) ID Number Passport Drivers License Identification: Issue Country Cellphone number City/Town

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Name of Entity				Туре	of Business			
Incorporation Le	egal Form							
□AG	☐ CC Closed	Corporation	☐ Co. Company		☐ Corp. Corpo	oration		☐ Pty. Limited
□ Partnership	☐ Foundation	n	☐ Inc. Incorpora	ted	☐ L.L.C Limite	ted Liability Company	npany	☐ Public Limited
☐ Ltd Limited	☐ PLC. Public Limited Co.		☐ Trust		Unknown			
□ Other								
Business Op	oen	Closed						
Incorporation N	umber			Inco	rporation Cou	ntry		
1								
ENTITY PHONE	AND ADDRESS	DETAILS						
Telephone no (v				Cell	hone number			
	<u>-</u>							
Postal Address				Stre	et Address			
City/Town				Cou	ntry			
DIRECTOR INFO	RMATION (1)							
First Name				Last	Name			
Role in Organiza	tion							
Accountant	Auditor	☐ Beneficial O	wner Company	Secre	tary 🗆 CEO	☐ Director	Gene	ral Attendant/Drivers
☐ Stakeholder	Unknown	Other						
DIRECTOR INFO First Name	RMATION (2)			Lact	Name			
i ii st ivaille				Last	rvanne			
Role in Organiza	tion							
Accountant	☐ Auditor	☐ Beneficial O	wner 🗌 Company	Secre	tary 🗌 CEO	☐ Director	☐ Gene	ral Attendant/Drivers
☐ Stakeholder	Unknown	☐ Other	· ,		-			
	☐ GIIKIIUWII	LI Other						

PART E: DESCRIPTION OF THE SUSPICIOUS TRANSACTION
Describe clearly and completely the facts or unusual circumstances or grounds that led to the suspicion of the transaction;
Use additional pages if nescessary.
PART F: DESCRIPTION OF THE ACTION TAKEN
Describe clearly and completely what action was or will be taken after the suspicion was formed