

SUSPICIOUS ACTIVITY REPORT (SAR)

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 acsimile: (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

REPORT DATE

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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 B : DESCRIPTION OF THE SUSPICIOUS ACTIVITY/ATTEMPTED TRANSACTIONS

Describe clearly and completely the facts or unusual circumstances or grounds that led to the suspicion of the attempted transaction or activity; Use additional pages if nescessary.

PART C : DESCRIPTION OF THE ACTION TAKEN

Describe clearly and completely what action was or will be taken after the suspicion was formed

PART D: REPORT INDICATORS

Select more than one if applicable:

REPORTIN	G	INDICATORS
ACTIVITY DOES NOT MATCH CLIENT PROFILE		ILLICIT TRAFFICKING IN STOLEN AND OTHER GOODS
ADVERSE REPORTS - INTERNATIONAL		INSIDER TRADING AND MARKET MANIPULATION
ADVERSE REPORTS ON COMMERCIAL DATABASES		INVOLVES INTERNATIONAL PEPS
ADVERSE REPORTS ON LOCAL PRESS		INVOLVES LOCAL PEPS
APPEAR ON OFAC OR OTHER LIST		KIDNAPPING, ILLEGAL RESTRAINT, HOSTAGE-TAKING
ARMS TRAFFICKING		MONEY LAUNDERING
AUTOMATED RULES BASED ACCOUNT MONITORING		MURDER, GRIEVOUS BODILY INJURY (FOR PROFIT)
CORRUPTION/BRIBERY		PIRACY
COUNTERFEITING AND PIRACY OF PRODUCTS		PROLIFERATION
COUNTERFEITING OF CURRENCY		ROBBERY
DENOMINATION CONVERSION		SEXUAL EXPLOITATION/PROSTITUTION
DRUG TRAFFICKING		SMUGGLING (DIAMONDS, GOLD, MINERALS, PRECIOUS & SEMI-PRECIOUS MINERALS, PROTECTED RESOURCES)
ENVIRONMENTAL CRIME		SMURFING
EXTORTION		STOCK THEFT
FORGERY		STRUCTURING
FRAUD		TAX EVASION
FRAUD ATM		TERRORISM
HAWALA		THEFT OF EXPLOSIVES
HUMAN TRAFFICKING/SMUGGLING OF MIGRANTS		THEFT OF FIREARMS
ILLICIT ARMS TRAFFICKING		OTHER:

irst Name	Last Name	
ate of Birth		
Y Y Y Y I M M I C		
ationality	ID Number Passport Drivers Li	cense
ccupation	Identification: Issue Country	
ERSON PHONE AND ADDRESS DETAILS elephone no (with area code)	Cellphone number	
ostal Address	Street Address	
ity/Town	Country	
Jame of Employer		
PART E2: PARTICULARS OF ACCOUNTS INV	OLVED IN ACTIVITY/ATTEMPTED TRANSACTION	
PART E2: PARTICULARS OF ACCOUNTS INV account Name/Holder	OLVED IN ACTIVITY/ATTEMPTED TRANSACTION Institution Name (where account is held)	
ART E2: PARTICULARS OF ACCOUNTS INV account Name/Holder	Institution Name (where account is held)	
	Institution Name (where account is held)	
PART E2: PARTICULARS OF ACCOUNTS INV Account Name/Holder Account Number PART E2-1 : ACCOUNT SIGNATORY INFORM irst Name	Institution Name (where account is held) IATION Last Name	
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PART E2: PARTICULARS OF ACCOUNTS INV account Name/Holder Account Number PART E2-1 : ACCOUNT SIGNATORY INFORM irst Name Pate of Birth Y Y Y Y Y / M M / D	Institution Name (where account is held) IATION Last Name Identification (If available)	cense
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PART E2: PARTICULARS OF ACCOUNTS INVOLUCIONAL Account Name/Holder Account Number Account Number PART E2-1 : ACCOUNT SIGNATORY INFORM irst Name Pate of Birth Y Y Y Y M M / D Iationality	Institution Name (where account is held) IATION Last Name Identification (If available) ID Number Passport Drivers Li	cense
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Name of Entity			Type of Business		
ENTITY PHONE AN	D ADDRESS DETAILS				
Felephone no (wit	h area code)		Cellphone numb	er	
Postal Address			Street Address		
City/Town			Country		
DIRECTOR INFORM	IATION		Last Name		
Role in Organizatio	on				
Accountant	Auditor Beneficial C	Winer 🗌 Compa	ny Secretary 🛛 CEO	□ Director □ G	eneral Attendant/Drive
	Γ				
Stakeholder	Unknown 🛛 Other				
	L	D IN ACTIVITY			
PART F: GOODS	Unknown Other				
PART F: GOODS	S/SERVICES INVOLVE		□ Jewelry	Land	Leasehold
PART F: GOODS Destination Funds	S/SERVICES INVOLVE	ds – Mark with γ		□ Land □ Other	Leasehold