

Anti-Money Laundering and Targeted Financial Sanctions (Suspicious Activity Report) Regulations 2023

Suspicious Activity Report Form

[Section 59]



GOVERNMENT OF NAURU

SUSPICIOUS ACTIVITY REPORT

Reporting of suspicious transactions is required by law under Division 5 of Part 4 of the *Anti-Money Laundering and Targeted Financial Sanctions Act 2023* ('Act'). Please complete as many sections as possible. Please complete in INK and CAPITAL LETTERS.

Failure to comply will incur a penalty under Section 67 of the Act. *An individual is liable to pay a fine not exceeding \$200,000 or imprisonment for a term not exceeding 10 years or to both. A body corporate is liable to pay a fine not exceeding \$1,000,000.*

PART A – IDENTITY OF PERSON CONDUCTING THE SUSPICIOUS TRANSACTION

If more than one person was involved in the transaction, please provide the same details contained in sections 1-9 for each person and attach.

| | |
|--|--|
| 1. Full name: Also known as: | 2. Permanent Residential Address: |
| 3. Phone number (a) Personal/mobile: (b) Residential: (c) Business: Note: If it is the same number then state accordingly "AS ABOVE" | 4. Email Address (a) Personal: (b) Business: Note: If it is the same number then state accordingly "AS ABOVE" |
| 5. Date of birth (day/month/year): | 6. Country of birth: |

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|---|--|
| 7. Account details (if applicable): Account Title/Name: Bank: Branch: Account Number: | 8. Business Address and phone number: Ph: |
| 9. Non-resident – Contact details in Nauru: Address: Phone Number: | 10. Occupation, business or principal activity: |
| 11. Is the person a signatory to the Account(s) affected by this transaction(s): Yes: No: (please tick) | 12. Account Title/Name: Account number: Account Type: Financial Institution: Branch/Agency: |
| 13. Has the identity of this person/corporation been confirmed (eg passport or driver’s license)? Please tick: yes <input type="checkbox"/> no <input type="checkbox"/> If yes, please complete details below: ID Type: ID Number: Issuer: | |
| 14. Is a photocopy of ID document/s attached? (please circle) Yes No | |
| PART B – DETAILS OF PERSON/CORPORATION ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED (if applicable) | |
| 15. Full name of person/corporation, etc. | 16. Occupation, business or principal activity: |
| 17. Business Address (incl. country): | 18. Account details (if applicable): Account Title/Name: |

| | |
|---|---|
| <p>27. Were any accounts of any other person or organization affected by this transaction: YES: or NO: (please tick)</p> | <p>28. Account Title/Name:</p> <p>Account number:</p> <p>Account Type:</p> <p>Financial Institution:</p> <p>Branch/Agency:</p> |
| PART D – DETAILS OF THE RECIPIENT PERSON/CORPORATION | |
| <p>29. Full name of person/corporation:</p> | <p>30. Occupation, business or principal activity:</p> |
| <p>31. Address (incl. country) and phone number:</p> <p>Business Address:</p> <p>Physical Address (Home):</p> <p style="text-align: right;">Ph:</p> | <p>32. Account details (if applicable):</p> <p>Account Title/Name:</p> <p>Bank:</p> <p>Branch:</p> <p>Account Number:</p> |
| <p>33. Was any other account (s) specified for the recipient person(s)/Organization:</p> <p>Account Title/Name:</p> <p>Account number:</p> <p>Account Type:</p> <p>Financial Institution:</p> <p>Branch/Agency:</p> | |

PART E – DESCRIPTION OF SUSPICIOUS TRANSACTION

34. Grounds for suspicion (please tick all appropriate boxes):

- | | | |
|---|--------------------------|--|
| <input type="checkbox"/> Large, unusual or uneconomic movement of funds to/from another country | <input type="checkbox"/> | Transfer of funds to/from narcotics source countries or known tax havens |
| <input type="checkbox"/> Large scale cash transaction | <input type="checkbox"/> | Unrealistic wealth compared to client profile |
| <input type="checkbox"/> Unusual business activity or transaction | <input type="checkbox"/> | Defensive stance to questioning |
| <input type="checkbox"/> Suspect customer has provided false name or account details | <input type="checkbox"/> | Other |
| | | |

35. Give details of the circumstances surrounding the transaction (if there is insufficient space, attach a separate page):

PART F - DETAILS OF REPORTING ENTITY

36. Full name of business (including branch where applicable):

37. Business address (physical address/Postal address):

38. Details of Reporting Officer (eg. Financial crime compliance officer)

| | |
|---|---|
| <p>Full name (including title):</p> <p>Job title:</p> | <p>Phone number:</p> <p>Fax number:</p> |
| <p>39. Financial institutions internal reference number (if applicable):</p> | <p>Send completed marked as 'CONFIDENTIAL' forms to:</p> <p>Supervisor-Nauru Financial Intelligence Unit</p> <p>Government Buildings, Yaren District, Nauru</p> |
| <p>40. This statement is made pursuant to the requirement to report suspicious activities under the laws of Nauru on the grounds detailed in Division 5 of Part 4 of the Anti-Money Laundering and Targeted Financial Sanctions Act 2023.</p> <p>Signature of authorised person (eg. Financial crime compliance officer):</p> <p>Date (day/month/year):</p> | <p>For assistance contact:</p> <p>Nauru Financial Intelligence Unit</p> <p>Phone:5573388 Fax: Email: rajasswamy@gmail.com</p> <p>Nauru Financial Intelligence Unit Use Only</p> <p>Report Number: Authorisation:</p> |