

# SUSPICIOUS TRANSACTIONS / SUSPICIOUS ACTIVITY REPORT

Made in accordance with the Provisions of Section 55(3)  
of the Proceeds of Crime Act, Ch. 11:27 AND Sections 22C (3) and 33(1) Anti-Terrorism Act, ch12:07

For official use only

**ALWAYS COMPLETE ENTIRE REPORT**

Your reference No.

**Instructions:**

Reports on suspicious Financial Transaction/Activity shall be made to the Financial Intelligence Unit as soon as possible, but in any event, within fourteen (14) days of the date on which the financial institution or listed business knew or had reasonable grounds to suspect that the funds used for a transaction were the proceeds of a specified offence. [S.55(3B)]

**Notice to staff**

It is an offence to fail to report a suspicious transaction or activity for which the penalty is (a) on summary conviction, five hundred thousand dollars and imprisonment for a term of two years (b) on conviction on indictment, a fine of three million dollars and imprisonment for a term of seven years. [S.57(1)]

1. Check appropriate box:

- a.  Initial Report      b.  Corrected Report      c.  Supplemental Report

## PART I

### REPORTING FINANCIAL INSTITUTION OR RELEVANT BUSINESS ACTIVITY INFORMATION

2. Name of Financial Institution or Person or Company engaged in a relevant business activity .....
3. Address of Financial Institution or Person or Company engaged in a relevant business activity .....
4. Address of Branch Office(s) where activity occurred.....
5. Asset Size of Financial Institution or Person or Company engaged in a relevant business activity: \$.....
6. If Institution or relevant business activity closed, date closed ..... / ..... / .....  
DD MM YY
7. Account Number(s) affected (if any) .....

8. Have any of the Institution's or relevant business accounts related to this matter been closed?

- (a) ( ) Yes if yes identify ..... / ..... / .....  
..... / ..... / .....  
..... / ..... / .....
- (b) ( ) No

## PART II

### SUSPECT INFORMATION

9. Last Name or Name of Entity: ..... 10. First Name: ..... 11. Middle Initial: .....
12. Address: .....
13. Date of Birth ..... / ..... / .....  
DD MM YY
14. Home No. ....
- 14 a. Cell No. ....
- (a) Co. Reg. No. .... 15. Work No ..... (b)
- VAT Reg. No. ....
- (c) B.I.R. No. ....
16. Occupation: .....
17. Forms of Identification for Suspect:
- (a) ( ) Driver's License      (b) ( ) Passport      (c) ( ) Trinidad & Tobago I.D. Card      (d) ( ) Other
- ..... Number ..... Issuing Authority .....
- ..... Number ..... Issuing Authority .....
- ..... Number ..... Issuing Authority .....
- ..... Number ..... Issuing Authority .....

