MONEY LAUNDERING PREVENTION AUTHORITY (CENTRAL BANK OF SAMOA)

SUSPICIOUS TRANSACTION REPORT

(Money Laundering Prevention Act 2000)

COMPANY ACCOUNT

PLEASE WRITE IN BLOCK LETTERS

PERSONAL ACCOUNT OR AGENT

PART A IDENTITY OF CUSTOMERS AND /OR AGENTS INVOLVED IN THE SUSPICIOUS TRANSACTION

1	Surname			1	Company Name		
2	Given Names						
3	Address (Home)	Country (if not Samoa)		2	Full Address	Country	(if not Samoa)
4	Address (Work)				Telephone		
5	Date of Birth			3	Nature of Business		
6	Occupation / Business						
	PART B - TRANSACTIO				Nav		Q1 QV
TRANSA	CTION DATE	AMOUNT		CURRE			CASH
						Y	es or No
		TION (eg. Deposit/Withdrawal, Purchas					
1	NOTE: FOR MULTIPLE	TION (eg. Deposit/Withdrawal, Purchase ETRANSACTIONS OR MULTIPLE FACES With Financial Institutions	ACILITIES 1	PLEASI			
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PART C – GROUNDS FOR SUSPICION Give details of the nature of circumstances surrounding the transaction and the reason for suspicion If space is not enough please attach supplementary sheet. Number of additional pages. PART D – IDENTIFICATION DETAILS (eg. Drivers Licence, Passport, Birth Cert, Id & etc). **Agent Conducting Transaction** ID Type ID Number Issuer Account Holder (eg. Drivers Licence, Passport, Birth Cert, Id & etc). ID Type ID Number Issuer Description FOR PERSONAL ACCOUNT HOLDERS ONLY Sex : Male / Female Eye Colour Height (Feet) PASSPORT Build Skin colour **PHOTO** Hair style/ colour Age Clothing Distinguishing marks/identifying features (tatoo, facial, hair, accent, etc) FINANCIAL INSTITUTION DETAILS AND PLACE OF TRANSACTION FOR MONEY LAUNDERING AUTHORITY USE ONLY Institution Type (eg: Bank,Trust Co, Insurance Co etc) Name of Institution Address

Please forward this form direct to the Money Laundering Prevention Authority L5 of the Central Bank building immediately when a suspicious transaction is detected.

Telephone

Fax number

E-Mail Address