

# CONFIDENTIAL

## SUSPICIOUS/UNUSUAL TRANSACTION REPORT

PLEASE TYPE INFORMATION OR WRITE  
IN BLOCK LETTERS

**IMPORTANT:** Complete using information obtained during normal course of the transaction. The report should be completed as soon as practicable AFTER the dealing, and a copy forwarded to:

THE DIRECTOR, FINANCIAL INTELLIGENCE UNIT  
ANTI-MONEY LAUNDERING AUTHORITY  
P.O. BOX 1372 Bridgetown, Barbados  
FACSIMILE NO. (246) 436-4756

Email: [adminfiu@barbados.gov.bb](mailto:adminfiu@barbados.gov.bb)

For urgent reporting – Tel. (246) 436-4734/5

FOR OFFICIAL USE ONLY

FIU Reference No.: .....

### PART A – Initial Information

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Completed Transaction | <input type="checkbox"/> Attempted/Aborted Transaction     |
| <input type="checkbox"/> Terrorist Designation    | <input type="checkbox"/> Counter-Proliferation Designation |

2. Is this report a correction or follow-up to a Report previously submitted?

NO  
(Skip to No.4)

YES  
 Correction  
 Follow-up

3. If yes, original Report's date: [Click here to enter a date.](#)
4. Reporting date: [Click here to enter a date.](#)

.../2

5. Which one of the following reporting entities best describes you:-

- |   |   |
|---|---|
| <input type="checkbox"/> Accountant                             | <input type="checkbox"/> Life Insurance Broker/Agent                                    |
| <input type="checkbox"/> Attorney-at-Law                        | <input type="checkbox"/> Life Insurance Company   |
| <input type="checkbox"/> Commercial Bank                        | <input type="checkbox"/> Merchant Bank  |
| <input type="checkbox"/> Cooperative Society                    | <input type="checkbox"/> Money Service Business/Money or Value<br>Transmission Services |
| <input type="checkbox"/> Credit Union                           | <input type="checkbox"/> Mutual Fund Administrator/Manager                              |
| <input type="checkbox"/> Corporate &/or Trust Service Provider  | <input type="checkbox"/> Real Estate Agent/Entity                                       |
| <input type="checkbox"/> Dealer in Precious Metals &/ or Stones | <input type="checkbox"/> Regulator  |
| <input type="checkbox"/> Finance Company                        | <input type="checkbox"/> Securities Dealer  |
| <input type="checkbox"/> Gaming Institution                     | <input type="checkbox"/> Trust Company/Corporation                                      |
| <input type="checkbox"/> General Insurance Company              | <input type="checkbox"/> Other .....  |
| <input type="checkbox"/> International/Offshore Bank            |   |

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**Part B – Identity of Customer/Client 1**

1. Click or tap here to enter text.  
Surname
2. Click or tap here to enter text.  
Given Name
3. Click or tap here to enter text.  
Middle Name(s)
4. Click or tap here to enter text.  
Alternative Names/Spelling
5. Click or tap here to enter text.  
Address (es)
6. Click or tap here to enter text.  
Nationality/(ies)
7. Date of Birth     
(MM/DD/YYYY)
8. Identifier #1  ID Card  
 Passport  
 Driver’s License  
 Other.....
9. Click or tap here to enter text.  
ID No: (1)
10. Click or tap here to enter text.  
Place of Issue
11. Identifier #2  ID Card  
 Passport  
 Driver’s License  
 Other
12. Click or tap here to enter text.  
ID No: (2)
13. Click or tap here to enter text.  
Place of Issue
14. Click or tap here to enter text.  
Occupation
15. Click or tap here to enter text.  
Employer
16. Click or tap here to enter text.  
Telephone # (Include area Code) (H)  
Click or tap here to enter text.  
Telephone # (Include area Code) (C)
- Click or tap here to enter text.  
Telephone # (Include area code) (W)
17. Click or tap here to enter text.  
Email: Address(es)
- Click or tap here to enter text.  
Email: Address(es)
18. Click or tap here to enter text.  
Account Number(s)
- Personal  
 Corporate  
 Trust  
 Other Click or tap here to enter text.
19. Click or tap here to enter text.  
State if account is joint, other signatories, etc.
20. Click or tap here to enter text.  
Provide other account(s) customer may have at institution, include account type, whether joint, other signatories, etc.

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## CUSTOMER/CLIENT 2

1. Click or tap here to enter text.  
Surname
2. Click or tap here to enter text.  
Given Name
3. Click or tap here to enter text.  
Middle Name(s)
4. Click or tap here to enter text.  
Alternative names/Spelling
5. Click or tap here to enter text.  
Address (es)
6. Click or tap here to enter text.  
Nationality/(ies)
7. Date of 

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 Birth  
(MM/DD/YYYY)
8. Identifier #1  ID Card  
 Passport  
 Driver's License  
 Other
9. Click or tap here to enter text.  
ID No. (1)
10. Click or tap here to enter text.  
Place of Issue
11. Identifier #2  ID Card  
 Passport  
 Driver's License  
 Other .....
12. Click or tap here to enter text.  
ID No.(2)
13. Click or tap here to enter text.  
Place of Issue
14. Click or tap here to enter text..  
Occupation
15. Click or tap here to enter text.  
Employer
16. Click or tap here to enter text.  
Telephone # (Include area Code) (H)  
Click or tap here to enter text.  
Telephone # (Include area Code) (C)
- Click or tap here to enter text.  
Telephone # (Include area code) (W)
17. Click or tap here to enter text.  
Email Address(es)
- Click or tap here to enter text.  
Email address(es)
18. Click or tap here to enter text.  
Account Number(s)
- Personal  
 Corporate  
 Trust  
 Other Click or tap here to enter text.
19. Click or tap here to enter text.  
State if account is joint, other signatories, etc
20. Provide other account(s) customer may have at institution, include account type, whether joint, other signatories, etc.  
Click or tap here to enter text.

**Customer 2 applies where there is a transfer between customers.**

**CUSTOMER/CLIENT – Company**

**Name:**  
Please enter the name of the company.

**Date of Incorporation:**  
Click or tap to enter a date.

**Share Capital**  
Click or tap here to enter text.

**Country of Incorporation**  
Click or tap here to enter text.

**Number**  
Click or tap here to enter text.

**Type of Company** Click or tap here to enter text.

**Business Activity**  
Click or tap here to enter text.

**Website**  
Click or tap here to enter text.

**Relationship to Company:**  
Please enter the relationship

Items in Relationship to Company Drop-Down Box	
Legal Officer	Director
Chief Executive Officer	Shareholder
Chief Financial Officer	Beneficial Owner
	Nominee Director

1. Click or tap here to enter text.    2. Click or tap here to enter text.    3. Click or tap here to enter text.

Surname

Given Name

Middle Name(s)

4. Click or tap here to enter text.  
Alternative names/Spelling

5. Click or tap here to enter text.

Click or tap here to enter text.  
Address (es)

6. Click or tap here to enter text.

7. Date of 

--	--	--

 Birth

Nationality/(ies)

(MM/DD/YYYY)

8. Identifier #1  ID Card  
 Passport  
 Driver's License  
 Other

9. Click or tap here to enter text.

ID No. (1)

10. Click or tap here to enter text.

Place of Issue

11. Identifier #2  ID Card  
 Passport  
 Driver's License  
 Other .....

12. Click or tap here to enter text.

ID No. (2)

13. Click or tap here to enter text.

Place of Issue

14. Click or tap here to enter text..  
Occupation

15. Click or tap here to enter text.  
Employer

16. Click or tap here to enter text.  
Telephone # (Include area Code) (H)  
Click or tap here to enter text.  
Telephone # (Include area Code) (C)

Click or tap here to enter text.  
Telephone # (Include area code) (W)

17. Click or tap here to enter text.  
Email Address (es)

Click or tap here to enter text.  
Email address (es)

18. Click or tap here to enter text.  
Account Number(s)

- Personal
- Corporate
- Trust
- Other .....

19. Click or tap here to enter text.  
State if account is joint, other signatories, etc

20. Click or tap here to enter text.  
Provide other account(s) customer may have at institution, include account type, whether joint, other signatories, etc.

***Customer/Client 2 applies where there is a transfer between customers.***

**PART C** – To be completed only if the transaction was conducted on behalf of another person/entity other than those mentioned in Part B.

1. Click or tap here to enter text.      2. Click or tap here to enter text.      3. Click or tap here to enter text.  
Surname                                      Given Name                                      Middle Name(s)

4. Click or tap here to enter text.                                      5. Click or tap here to enter text.  
Alternative names/Spelling                                      Address (es)

6. Click or tap here to enter text.                                      7. Date of 



 Birth  
Nationality/(ies)                                      (MM/DD/YYYY)

8. Identifier #1    ID Card                                       Certificate of Incorporation  
                           Passport                                       Registration for Business Name  
                           Driver’s License  
                           Other Click or tap here to enter text.

9. Click or tap here to enter text.      10. Click or tap here to enter text.      11. Click or tap here to enter text.  
ID No.(1)                                      Place of Issue                                      Occupation/Type of Business

12. Click or tap here to enter text. Employer	13. Click or tap here to enter text. Telephone (#1)- area code (H)
Click or tap here to enter text. Telephone (#2 ) - area code (W)	Click or tap here to enter text. Telephone (#3)- area code (C)

14. Click or tap here to enter text.                                      Click or tap here to enter text.  
Email Address #1                                      Email Address #2

15. Click or tap here to enter text.  
Account Number(s)

16. Click or tap here to enter text.  
State if a/c joint, other signatories, etc

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**PART D – Transaction Details**

1. Type of Transaction

- |  |   |
|--|---|
| <input type="checkbox"/> Cash Out                                | <input type="checkbox"/> Conducted Currency Exchange        |
| <input type="checkbox"/> Deposit to an account Cash/Cheque       | <input type="checkbox"/> Inter-account transfer             |
| <input type="checkbox"/> Life Insurance Policy purchased/deposit | <input type="checkbox"/> Outgoing electronic funds transfer |
| <input type="checkbox"/> Purchase of bank draft                  | <input type="checkbox"/> Purchase of diamonds               |
| <input type="checkbox"/> Purchase of Jewelry                     | <input type="checkbox"/> Purchase of money order            |
| <input type="checkbox"/> Purchase of precious metals/stones      | <input type="checkbox"/> Purchase of traveller's cheques    |
| <input type="checkbox"/> Securities                              | <input type="checkbox"/> Purchase of Gold                   |
| <input type="checkbox"/> Real Estate Purchase                    |   |
| <input type="checkbox"/> Other .....                             |   |

2. Date(s) of transaction(s)

--	--	--

DD MM YYYY

3. Click or tap here to enter text.

Amount & Currency

4. Click or tap here to enter text.

BBD \$ Equivalent

5. Click or tap here to enter text.

Name of drawer/Ordering Customer

6. Click or tap here to enter text.

Name of Payee/beneficiary

7. Click or tap here to enter text.

Other bank involved, other Country

**Please provide copies of relevant documents (e.g. bank statements, real estate documents, etc.) for suspicious or unusual activity and identification and verification information.**

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**PART E – Grounds for Suspicion**

(Please describe clearly and completely the factors or unusual circumstances that led you to suspect that the transaction(s) involve(s) the proceeds of crime, involve(s) the financing of terrorism, is of a suspicious or unusual nature.)

If the report relates to attempted transaction(s), describe why each one was not completed.

Click or tap here to enter text.

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**PART E2**

If additional information is attached, please tick box



### **PART E3**

If identity of the customer has not been established in PART B and they are not known to the officer, give a description (e.g., sex, approximate age, height, built, ethnicity, complexion, etc.)

## **PART F - Suspected Offences**

- |  |  |
|--|--|
| <input type="checkbox"/> Participation in an organised criminal group and racketeering               | <input type="checkbox"/> Counterfeiting and piracy of products                                     |
| <input type="checkbox"/> Terrorism, including terrorist financing;                                   | <input type="checkbox"/> Environmental crime   |
| <input type="checkbox"/> Trafficking in human beings and migrant smuggling                           | <input type="checkbox"/> Murder, grievous bodily injury  |
| <input type="checkbox"/> Sexual exploitation, including sexual exploitation of children              | <input type="checkbox"/> Kidnapping, illegal restraint and hostage-taking                          |
| <input type="checkbox"/> Illicit trafficking in narcotic drugs and psychotropic substances           | <input type="checkbox"/> Robbery or theft  |
| <input type="checkbox"/> Illicit arms trafficking; and illicit trafficking in stolen and other goods | <input type="checkbox"/> Smuggling; (including in relation to customs and excise duties and taxes) |
| <input type="checkbox"/> Corruption and bribery  | <input type="checkbox"/> Tax crimes (related to direct taxes and indirect taxes)                   |
| <input type="checkbox"/> Fraud   | <input type="checkbox"/> Extortion   |
| <input type="checkbox"/> Counterfeiting currency   | <input type="checkbox"/> Piracy Forgery  |
|  | <input type="checkbox"/> Insider trading and market manipulation                                   |
|  | <input type="checkbox"/> Proliferation Financing   |
|  | <input type="checkbox"/> Unknown   |

## **PART G - Details of financial institution/place of transaction**

- |  |  |
|--|--|
| 1. Click or tap here to enter text.<br>Organisation                        | 2. Click or tap here to enter text.<br>Branch where transaction occurred if applicable |
| 3. Click or tap here to enter text.<br>Name and Title of Reporting Officer | 4. Click or tap here to enter text.<br>Signature of Reporting Officer                  |
| 5. Click or tap here to enter text.<br>Dealers internal reference number   | 6. Click or tap here to enter text.<br>Reporting Officer's direct telephone number     |