SUSPICIOUS TRANSACTION REPORT FOR INSURANCE INDUSTRY

THE OBLIGATION TO REPORT SUSPICIOUS TRANSACTIONS ARISES FROM SECTION 12 OF THE MONEY LAUNDERING AND FINANCING OF TERRORISM ACT,2011

PART A - REPORTING ENTITY DETAILS

1. Reporting Entity Name: _____
2. Organisation reference number: _____
3. Physical Address: _____
4. Email address: _____
5. Branch offices where activity occurred_____

PART B - SUBJECT OF REPORT

This section refers to the person whose behaviour is thought to be suspicious. This person can either be an individual or a company, please note that this section is separated accordingly.

Have you ever made a report on this subject before? _____

If yes, reference: _____

INDIVIDUAL

1. Surname: _____
2. Full Names: _____
3. Nationality: _____
4. Date of Birth: (DD/MM/YYYY) ___/___/_____
5. Gender: _____
6. Profession/Occupation: _____
7. Identity Document Type: _____

   Identification Number: _____

   Passport number: _____

   Passport expiration date: _____
8. Residential Address

   Property Number and Street Name: _____

Residential Area: _____

City/Town/Village and Chief: _____

Country: _____

9. Postal address: _____
10. Contact details:

Telephone: _____

Mobile: _____

Email: _____

COMPANY

1. Name: _____
2. Country of Registration: _____
3. Date of Registration: _____
4. Registration Number: _____
5. Nature of Business: _____
6. Physical address

Property Number and Street Name: _____

Residential Area: _____

City/Town/Village and Chief: _____

Country: _____

PART C - PRODUCT AND TRANSACTION INFORMATION

1. Policy Number: _____
2. Insurance policies held by the customer: _____

   _____

   _____
3. Date Policy issued: DD/MM/YYYY- ___/___/_____

Financial Summary Details

1. Date of transaction: _____
2. Transaction Type: _____
3. Value: _____
4. Bank account number: _____

PART D - REASON FOR SUSPICION

Please describe clearly and completely, the factors or unusual circumstances that led to the suspicion.

PART E - SCHEDULE OF ATTACHMENTS

Please list and attach all relevant documentation, including KYC documents, transaction records and anything else you may deem helpful for investigation purposes.

No.	Document title
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

ALL SUSPICIOUS TRANSACTIONS ARE TO BE TREATED AS CONFIDENTIAL

Completed forms should be addressed to: THE DIRECTOR and sent to the SWAZILAND FINANCIAL INTELLIGENCE UNIT 6TH FLOOR CORPORATE PLACE, DR SISHAYI STREET, MBABANE

Signature: _____ Date: _____

END OF REPORT

FOR OFFICIAL USE ONLY

STR reference number: _____

Date: _____