



SUSPICIOUS TRANSACTION REPORT FOR LEGAL PROFESSIONALS

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. Physical Address: _____
3. Email address: _____
4. Contact number: _____

PART B - SUBJECT OF REPORT

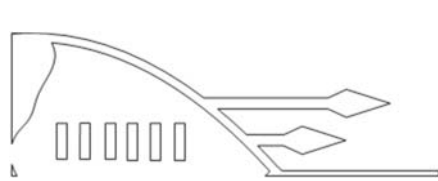
This section refers to the person whose behaviour is thought to be suspicious. This person can either be an individual or a company, please note that this section is separated accordingly.

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: _____

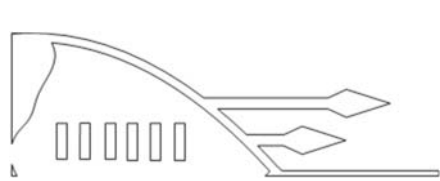
Financial Summary Details

1. Date of transaction: _____

2. Transaction Type: _____

3. Value: _____

4. Bank account number: _____





PART C - REASON FOR SUSPICION

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



**PART D - 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.

<u>No.</u>	<u>Document title</u>
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: _____

