



SUSPICIOUS TRANSACTION REPORT FOR MONEY/ VALUE TRANSFER SERVICES

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. Location of offices _____

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. Country of origin: _____
5. Date of Birth: (DD/MM/YYYY) ____/____/____
6. Gender: _____
7. Profession/Occupation: _____
8. Identity Document Type: _____
 Identification Number: _____
 Passport number: _____
 Passport expiration date: _____
9. Residential Address _____





Property Number and Street Name: _____

Residential Area: _____

City/Town/Village and Chief: _____

Country: _____

10. Postal address: _____

11. Contact details:

Telephone: _____

Mobile: _____

Email: _____

IF APPLICABLE:

12. Does the subject own/operate a money mobile agent? _____

If yes, what is the agent's trading name? _____

What is the location of the agent? _____

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 DETAILS**TYPE OF PRODUCT**

- | | | |
|--------------------------------------|--------------------------------------|--|
| ☐ Post office | ☐ Interchange | ☐ Western union |
| ☐ Shoprite | ☐ Money gram | ☐ Momo Pay |

Other: please specify _____

TRANSACTION DETAILS

1. Name of outlet: _____
2. Location of outlet: _____
3. Customer cell phone number: _____

IF APPLICABLE:

4. Balance held: _____
5. Date of balance: _____

Financial summary

1. Date of transaction: _____
2. Transaction Type: _____
3. Value: _____
4. Counterparty name: _____
5. Counterparty ID number: _____

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PART D - REASON FOR SUSPICION

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.

<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: _____

