

Financial Information Unit

To: All Banks, Financial Institutions & Financial Brokers

**Standard Suspicious Transaction Report for
Money Laundering / Terrorism Financing**

Name of the Reporting Institution	Bank / Institution / Broker /	Branch
	Department	
	Date	
	Reference No:	
	Signature of Compliance	

The Suspect Customer	Name	
	Account No	
	Nationality	
	Place & Date of Birth	
	ID/Passport/ Commercial register No.	
	Profession / Type of activity	
	Address	

Brief of the Suspicious transaction Details

Attached Documents

Customer's account No. (if any)

Type of Acc Acc No. Currency Date of Opening the Acc authorized Sig. Outstanding Balance /debit/credit

*** Please enclose a copy of the I.D Card or Passport**