

Financial Information Unit

(4) Insurance Companies

Specimen of Reporting of a Suspicious Transaction in Money Laundering/ Terrorism Financing Operations

Reporting Party	Name
	Branch
	Date
	Reference Number
	Signature of the authorized responsible

Suspected Customer Data	Name
	Account Number
	Nationality
	ID/ CR
	Job/ Type of Activity
	Address

Brief of the Suspicious Transaction Details
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Attached Documents

*Kindly attach a copy of the ID card or passport