

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)
<u>Type of Acc</u> <u>Acc No.</u> <u>Currency</u> <u>Date of Opening the Acc</u> <u>authorized Sig.</u> <u>Outstanding Balance /debit/credit</u> ----- -----

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

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