

STR Form for DNFBPs

QFIU Suspicious Transaction Report Form		
1.	Submission details:	
1.1	Date:	
1.2	Submitting Officer:	
1.3	Type of Reporting Entity:	<input type="checkbox"/> Trust and Company Service Providers <input type="checkbox"/> Single Family Office <input type="checkbox"/> Accountants <input type="checkbox"/> Accounting and Auditing Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Lawyers <input type="checkbox"/> Authorized Notaries <input type="checkbox"/> Real Estate Brokers/Agents <input type="checkbox"/> Dealers of Gold and other precious metal <input type="checkbox"/> Dealers of diamond and other precious stones <input type="checkbox"/> Other: Specify <i>(Mandatory if chosen)</i> :
1.4	Submitting Entity:	
1.5	Contact details: Address: Direct Phone No: Email:	
1.6	Your reference No.	

2.	Reporting details:	
2.1	Is this report related to a previously filed STR? <i>(Mandatory)</i>	<input type="checkbox"/> Yes If yes, include the reference number to the report _____ <input type="checkbox"/> No
2.2	Is this report related to Terrorism Financing, Money Laundering, Sanctions or Proliferation, or other type of suspicion? <i>(Mandatory)</i>	<input type="checkbox"/> Terrorism Financing <input type="checkbox"/> Money Laundering <input type="checkbox"/> Sanctions <input type="checkbox"/> Proliferation <input type="checkbox"/> Other type of Suspicion <i>(Please identify, where possible)</i> .

2.3	Is this report subject to any urgent requirements to freeze funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2.4	What is the suspected predicate offense? (Mandatory)	<input type="checkbox"/> Smuggling <input type="checkbox"/> Evasion of Taxes and Duties <input type="checkbox"/> Fraud <input type="checkbox"/> Electronic crimes <input type="checkbox"/> Drug Crimes <input type="checkbox"/> Corruption and Bribery <input type="checkbox"/> Public Morality <input type="checkbox"/> Counterfeiting/Intellectual property <input type="checkbox"/> Provision of financial services without a license <input type="checkbox"/> Other Predicate Offense (please specify(Mandatory if chosen)) <input type="checkbox"/> Unknown
2.5	Reason for suspicion: (Mandatory)	<input type="checkbox"/> Cash deposits <input type="checkbox"/> Cash withdrawals <input type="checkbox"/> Financial Transfers not commensurate with the customer's profile <input type="checkbox"/> Fund transfer to countries/jurisdictions not clearly associated with the customer <input type="checkbox"/> Structuring <input type="checkbox"/> Source of funds could not be established <input type="checkbox"/> Transaction with no business purpose <input type="checkbox"/> Uneconomical Transaction <input type="checkbox"/> Unwillingness of buyer to disclose identity of beneficial owner <input type="checkbox"/> Customer identification is insufficient or inaccurate <input type="checkbox"/> Doubt about the authenticity or veracity of the customer identification information <input type="checkbox"/> False identity <input type="checkbox"/> Dealing with a high-risk country/jurisdiction with no apparent/valid reason <input type="checkbox"/> Large amount of cash <input type="checkbox"/> Conduct of the individual suspicious

		<input type="checkbox"/> Asking the officials about matters unrelated to the business relationship <input type="checkbox"/> Frequent appearance of the customer name in the tracking system of the daily operations <input type="checkbox"/> Person/Entity is in the UN Sanction List <input type="checkbox"/> Person/Entity is on the domestic sanctions list <input type="checkbox"/> Person/Entity is in other Sanction list, (please specify(Mandatory if chosen)) <input type="checkbox"/> Other Suspicion: Specify <i>(Mandatory if chosen)</i> :
2.6	No. of transactions reported <i>(Mandatory)</i>	<input type="checkbox"/> One Transaction <input type="checkbox"/> Multiple Transactions <ul style="list-style-type: none"> ○ 2-5 ○ 6-20 ○ More than 20
2.7	What is the suspected value of the transaction/s, including any attempted transaction? <i>(Mandatory)</i>	<input type="checkbox"/> Value in Qatari Riyal: <input type="checkbox"/> Value in Other Currencies:
2.8	What type of fund, service or product was used for the transaction? <i>(Mandatory)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Wire transfer <input type="checkbox"/> Bank account <input type="checkbox"/> Trust Account <input type="checkbox"/> Securities <input type="checkbox"/> Insurance policy <input type="checkbox"/> Investment certificates <input type="checkbox"/> Stocks <input type="checkbox"/> Currency exchange <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Gold or Silver Bars <input type="checkbox"/> Other precious metal <input type="checkbox"/> Diamonds <input type="checkbox"/> Other Precious stones <input type="checkbox"/> Real estate <input type="checkbox"/> Consulting/Advisory services <input type="checkbox"/> Other:

		Specify <i>(Mandatory if chosen)</i> :
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3.	Details of the person/s of interest (POI)/ Suspect or associates related to the transaction If the POI is a natural person fill Part 3, If POI/ Suspect is a legal person/arrangement fill Part 4 and/or 5. If the POI / Suspect involves both natural and legal person/arrangement fill both Part 3 and 4 and/or 5.	
3.1	Person of Interest: <i>Provide as much details as you know about the POI/ Suspect and include copies of any identification documents obtained</i>	<u>Nationality and Residency Information</u> Nationality : (Mandatory) <input type="checkbox"/> Qatari <ul style="list-style-type: none"> <input type="radio"/> QID No. (Mandatory) <input type="radio"/> Passport No. (Optional) <input type="checkbox"/> Resident <ul style="list-style-type: none"> <input type="radio"/> QID No. (Mandatory) <input type="radio"/> Passport No. (Optional) <input type="checkbox"/> GCC Counties: (Either/Or) <ul style="list-style-type: none"> <input type="radio"/> GCC ID No. <input type="radio"/> Passport No. <input type="checkbox"/> Non Resident <ul style="list-style-type: none"> <input type="radio"/> Passport No. (Mandatory)
3.2		<input type="checkbox"/> Arabic Name: <input type="checkbox"/> English Name: <i>(Either, English or Arabic Name Mandatory)</i> <input type="checkbox"/> DOB: (Mandatory) <input type="checkbox"/> Gender: (Mandatory) <input type="checkbox"/> Address/s: <input type="checkbox"/> Phone No: <input type="checkbox"/> Mobile No: <input type="checkbox"/> Email: <input type="checkbox"/> Country of residence: <input type="checkbox"/> Occupation: <input type="checkbox"/> Driver's license details: <input type="checkbox"/> Employer details: <input type="checkbox"/> Any other personal information:

4. Suspected Legal Person/Arrangement	
4.1	Name of legal person/arrangement: <i>(Mandatory)</i>
4.2	Type legal person/arrangement: <i>(Mandatory)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust or similar legal arrangement¹ <input type="checkbox"/> Other Specify: <i>(Mandatory if chosen)</i>
4.3	Which jurisdiction is the legal person/arrangement registered? <i>(Mandatory)</i> <ul style="list-style-type: none"> <input type="checkbox"/> State of Qatar <input type="checkbox"/> GCC <input type="checkbox"/> MENA <input type="checkbox"/> Other: Specify: (List Of countries)
4.4	Registration No. of the legal person/arrangement: <i>(Mandatory)</i> No.
4.5	Registered address: <i>(Mandatory)</i>
4.6	Operational address, if different from registered address:
4.7	Establishment Code <i>(Mandatory if legal person/arrangement is local)</i> No.
4.8	Legal person/arrangement contact details: Name: Phone No. Mobile No. Email: Other information:
4.9	Directors of the legal person/arrangement and/or business owners. Name: Phone No. Mobile No. Email: Other information:

¹ Similar legal arrangements include Awqaf

4.10	Reason for association to other person of interest (POI)/ Suspect.	<input type="checkbox"/> Manager/Director <input type="checkbox"/> Partner <input type="checkbox"/> Signatory <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Other: Specify: <i>(Mandatory if chosen)</i>
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5.	Trust	
5.1	Trust name	
5.2	Nature and purpose of the trust	
5.3	Jurisdiction and date of the establishment of the trust	
5.4	Identity of settlor (s)	
5.5	Identity of trustee (s)	
5.6	Identity of protector (s)	
5.7	Beneficiary or beneficiaries	
5.8	Other particulars	

6.	Details of the suspicious activity	
6.1	When did this suspicious activity occur? <i>(Mandatory)</i>	Date:
6.2	Where did this suspicious activity occur? <i>(Mandatory)</i>	
6.3	How was the suspicious activity identified?	<input type="checkbox"/> Face to face transaction <input type="checkbox"/> Compliance Officer or MLRO

	(Mandatory)	<input type="checkbox"/> Anonymous Tip <input type="checkbox"/> Internal Audit <input type="checkbox"/> Negative News <input type="checkbox"/> Other Specify (Mandatory if chosen)
6.4	Provide a detailed narrative about the actual suspicious activity resulting in the filing of this STR. What raised your suspicions? Describe clearly and completely the factors or unusual circumstances that led to the suspicion of ML or TF activity. (Mandatory)	
6.5	Provide any additional information that you consider important to filing this STR.	

7.	Supporting documentation	
7.1	Please list any supporting documents relevant to the filing of this STR	List attachments: <input type="checkbox"/> POI/ Suspect Identification documents <input type="checkbox"/> Transaction records <input type="checkbox"/> Company/business records <input type="checkbox"/> Any other documents or records List: (Mandatory if chosen)