

STR Form

QFIU Suspicious Transaction Report Form		
1.	Submission details:	
1.1	Date:	
1.2	Submitting Officer:	
1.3	Type of Reporting Institution:	<input type="checkbox"/> Bank <input type="checkbox"/> Exchange House <input type="checkbox"/> Insurance Company <input type="checkbox"/> Investment Company <input type="checkbox"/> Finance Company <input type="checkbox"/> Asset Management Company <input type="checkbox"/> Accountants <input type="checkbox"/> Lawyers <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
1.4	Submitting Institution:	
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 <i>If yes, include the reference number to the report _____</i> <input type="checkbox"/> No
2.2	Is this report related to Terrorism Financing , Money Laundering.	<input type="checkbox"/> Terrorism Financing <input type="checkbox"/> Money Laundering <input type="checkbox"/> Sanctions <input type="checkbox"/> Another type of suspicion

	Sanctions or another type of suspicion? (Mandatory)	<input type="checkbox"/> Other
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	Reason for suspicion: (Mandatory)	<input type="checkbox"/> Structuring <input type="checkbox"/> Unusual transaction <input type="checkbox"/> Source of funds not established <input type="checkbox"/> Uneconomical transaction <input type="checkbox"/> Transaction with no business purpose <input type="checkbox"/> Fraud <input type="checkbox"/> Incomplete KYC <input type="checkbox"/> False identity <input type="checkbox"/> Large amount of cash <input type="checkbox"/> Conduct of the individual suspicious <input type="checkbox"/> Other: Specify
2.5	No. of transactions reported (Mandatory)	<input type="checkbox"/> One Transaction <input type="checkbox"/> Multiple Transactions <ul style="list-style-type: none"> ○ No. of Transactions __
2.6	What is the suspected value of the transaction/s, including any attempted transaction? (Mandatory)	Value in Qatari Riyal: Value in Other Currencies:
2.7	What type of fund, service or product was used for the transaction? (Mandatory)	<input type="checkbox"/> Cash <input type="checkbox"/> Wire transfer <input type="checkbox"/> Bank account <input type="checkbox"/> Trust Account <input type="checkbox"/> Securities <input type="checkbox"/> Cheque <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"/> Crypto Currency <input type="checkbox"/> Gold

		<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
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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 fill Part 5. If the POI / Suspect involves both natural and legal person fill both Part 3 and 5. If POI/ Suspect is a Trust, fill Part 6.
3.1	Person of Interest: Provide as much details as you know about the POI/ Suspect and include copies of any identification documents obtained
	<u>Nationality and Residency Information</u> Nationality : (Mandatory) <input type="checkbox"/> Qatari <ul style="list-style-type: none"> ○ QID No.(Mandatory) ○ Passport No. (Optional) <input type="checkbox"/> Resident <ul style="list-style-type: none"> ○ QID No. (Mandatory) ○ Passport No. (Optional) <input type="checkbox"/> GCC Counties: (Either/Or) <ul style="list-style-type: none"> ○ GCC ID No. ○ Passport No. <input type="checkbox"/> Non Resident <ul style="list-style-type: none"> ○ Passport No. (Mandatory)
	<input type="checkbox"/> Arabic Name: <input type="checkbox"/> English Name: (Either, English or Arabic Name Mandatory) <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:
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4. Account information (1)		
4.1.1	Account type: (Mandatory)	<input type="checkbox"/> Retail <input type="checkbox"/> Corporate <input type="checkbox"/> Other: Details:
4.1.2	Sub-account type:	<input type="checkbox"/> Personal account <input type="checkbox"/> Business account <input type="checkbox"/> Trust account <input type="checkbox"/> Other: Details:
4.1.3	Account Institution Branch: (Mandatory)	
4.1.43	Account name: (Mandatory)	
4.1.5	Account opening date:	
4.1.56	Account number: (Mandatory)	
4.1.67	Account signatories:	
4.1.8	Account closed date, if applicable:	
4.1.9	Account balance: (Mandatory)	
4.1.10	Account transaction history:	Please attach account transaction history covering the period of suspicion
Account information (2)		
4.2.1	Account type: (Mandatory)	<input type="checkbox"/> Retail <input type="checkbox"/> Corporate <input type="checkbox"/> Other: Details:
4.2.2	Sub-account type:	<input type="checkbox"/> Personal account

		<input type="checkbox"/> Business account <input type="checkbox"/> Trust account <input type="checkbox"/> Other: Details:
4.2.3	Account Institution Branch: (Mandatory)	
4.2.4	Account name: (Mandatory)	
4.2.5	Account opening date:	
4.2.6	Account number: (Mandatory)	
4.2.7	Account signatories:	
4.2.8	Account closed date if applicable:	
4.2.9	Account balance: (Mandatory)	
4.2.10	Account transaction history:	Please attach account transaction history cover the period of suspicion

5. Company/Business Information		
5.1	Name of company/business: (Mandatory)	
5.2	Type of company/business: (Mandatory)	<input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other
5.3	Which jurisdiction is the company/business registered? (Mandatory)	<input type="checkbox"/> Qatar <input type="checkbox"/> Other: Specify
5.4	Company or Business Registration No.: (Mandatory)	No.
5.5	Establishment Code	No.

	(Mandatory if company/business is local)	
5.6	Foreign Company Registration No. (Mandatory if company/business is foreign)	No.
5.7	Registered address: (Mandatory)	
5.8	Operational address, if different from registered address:	
5.9	Company/business contact details:	Name: Phone No. Mobile No. Email: Other information:
5.10	Company Directors and/or business owners.	Name: Phone No. Mobile No. Email: Other information:
5.11	Reason for association to other person of interest (POI)/ Suspect.	

6.	Trust	
6.1	Trust name	
6.2	Nature and purpose of the trust	
6.3	Jurisdiction and date of the establishment of the trust	

6.4	Identity of settlor (s)	
6.5	Identity of trustee (s)	
6.6	Identity of protector (s)	
6.7	Beneficiary or beneficiaries	
6.8	Other particulars	

7. Details of the suspicious activity		
7.1	When did this suspicious activity occur? <i>(Mandatory)</i>	Date/s:
7.2	Where did this suspicious activity occur? <i>(Mandatory)</i>	
7.3	How was the suspicious activity identified? <i>(Mandatory)</i>	<input type="checkbox"/> Face to face transaction <input type="checkbox"/> Transaction monitoring system <input type="checkbox"/> Compliance Officer or MLRO <input type="checkbox"/> Anonymous Tip <input type="checkbox"/> Manual Audit <input type="checkbox"/> Negative News <input type="checkbox"/> Other Specify
7.4	Provide a detailed narrative about the actual suspicious activity resulting in the filing of this STR. What raised your suspicious? Describe clearly and completely the factors or unusual circumstances that led to the suspicion of ML or TF activity. <i>(Mandatory)</i>	

7.5	Provide any additional information that you consider important to filing this STR.	

8.	Supporting documentation	
8.1	Please list any supporting documents relevant to the filing of this STR	List attachments: <ul style="list-style-type: none"> <input type="checkbox"/> POI/ Suspect Identification documents <input type="checkbox"/> Account information <input type="checkbox"/> Transaction records <input type="checkbox"/> Company/business records <input type="checkbox"/> Any other documents or records List: