



For official use only
STR No:.....
Date:.....

SUSPICIOUS TRANSACTION REPORT

THE OBLIGATION TO REPORT SUSPICIOUS TRANSACTIONS ARISES FROM SECTION 29 OF THE FINANCIAL INTELLIGENCE CENTRE ACT, NO. 46 OF 2010. **ALL SUSPICIOUS TRANSACTION REPORTS (STRs) MUST BE TREATED AS CONFIDENTIAL WHEN COMPLETED**

INSTRUCTIONS:

- i. Complete as much of this form as possible.
- ii. Fields marked with an asterisk (*) are mandatory, except for attempted transactions.
- iii. Please complete form in **INK** and **CAPITAL LETTERS**.
- iv. Mark appropriate boxes with a cross (X). For further information on how to complete this form please refer to the STR Guidelines
- v. For electronic submission please log on to our website at www.fic.zm

Send the Completed form to:

The Director
 Financial Intelligence Centre
 Kudu Road, Plot 50L
 P.O. Box 30481, Lusaka, Zambia or fax to:
 +260-211-238232 or
 Email FICSTR@fic.gov.zm

PART A: DETAILS OF THE PERSON/ORGANISATION TO WHICH THE SUSPICIOUS MATTER RELATES

I. ACCOUNT OWNER(S)/HOLDER(S) - PERSONAL

1. Surname: _____
2. First Name: _____
3. Middle Name: _____
4. If known by another name – Specify: _____
5. Nationality: _____
6. Date of Birth: (DD/MM/YYYY) ____/____/____
7. Gender: F M
8. Profession/Occupation: _____
9. Identity Type: NRC Passport Drivers Licence
 - a. Identification Number: _____
 - b. Identification issued by: _____
 - c. Place of Issue: _____
10. Residential Address*
 - a. Property Number and Street Name: _____
 - b. Residential Area: _____
 - c. City/Town/Village and Chief: _____
 - d. Province & Country: _____
11. Postal Address* _____
12. Local Residential Address (Visitors)*
 - a. Property Number and Street Name: _____
 - b. Residence/City/Town/Village _____
13. Telephone: _____ Mobile: _____ Fax: _____

If more than one person is involved please provide the same details in Part 1 for each person, where appropriate and attach.



II. ACCOUNT OWNER(S)/HOLDER(S) - BUSINESS ENTITY

14. Name* _____

15. Country of Registration* _____

16. Date of Registration* (MM/DD/YYYY) ___/___/____

17. Registration Number* _____

18. Type of Business*

- | | | | |
|-------------------|--------------------------|----------------|--------------------------|
| a. Company | <input type="checkbox"/> | e. Sole trader | <input type="checkbox"/> |
| b. Partnership | <input type="checkbox"/> | f. Cooperative | <input type="checkbox"/> |
| c. Statutory Body | <input type="checkbox"/> | g. Society | <input type="checkbox"/> |
| d. Trust | <input type="checkbox"/> | h. Other | _____ |

19. Nature of Business* _____

20. Physical Address

Property Number and Street name _____
 Location _____
 City/Town/Village _____
 Province _____
 Country _____

21. Postal Address* _____

22. Telephone:

23. Email _____

24. Website _____

III. ACCOUNT/PRODUCT DETAILS

25. Account Number)*

27. Date Account opened*
 DD/MM/YYYY- ___/___/____

28. Other accounts held by this customer _____

26. Account/Product type*

Accounting Services	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Stored value card	<input type="checkbox"/>
Advisory Services	<input type="checkbox"/>	Foreign Currency	<input type="checkbox"/>	Superannuation	<input type="checkbox"/>
Auditing	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Trading	<input type="checkbox"/>
Betting	<input type="checkbox"/>	Investment	<input type="checkbox"/>	Other	_____
Bullion	<input type="checkbox"/>	Lease Hire/purchase	<input type="checkbox"/>		
Demand/Cheque/Saving	<input type="checkbox"/>	Credit Facilities	<input type="checkbox"/>		
Credit/Debit Card	<input type="checkbox"/>	Conveyance of Property	<input type="checkbox"/>		
Custodial	<input type="checkbox"/>	Remittance	<input type="checkbox"/>		



PART B: TRANSACTION DETAILS

<p>29. Place of Transaction*.....</p> <p>30. Date of Transaction*DD/MM/YYYY---- ____/____/____</p> <p>31. Time of Transaction HH:MM ____:____</p> <p>32. Total amount of Transaction (ZMK)* </p> <p>33. Foreign Currency Amount and Type (Specify) </p>	<p>34. Transaction Type*</p> <table border="0"> <tr> <td>Account Opening</td> <td><input type="checkbox"/></td> <td>Purchase of</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Account Depositing</td> <td><input type="checkbox"/></td> <td>Negotiable Instrument</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Account Withdrawal</td> <td><input type="checkbox"/></td> <td>Disposal of Instruments</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Traveller's cheques</td> <td><input type="checkbox"/></td> <td>Contribution</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Funds Transfer</td> <td><input type="checkbox"/></td> <td>Premium</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Transfer of Property</td> <td><input type="checkbox"/></td> <td>Bet Placed</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (Specify): _____</td> <td></td> <td>Remittance</td> <td><input type="checkbox"/></td> </tr> </table>	Account Opening	<input type="checkbox"/>	Purchase of	<input type="checkbox"/>	Account Depositing	<input type="checkbox"/>	Negotiable Instrument	<input type="checkbox"/>	Account Withdrawal	<input type="checkbox"/>	Disposal of Instruments	<input type="checkbox"/>	Traveller's cheques	<input type="checkbox"/>	Contribution	<input type="checkbox"/>	Funds Transfer	<input type="checkbox"/>	Premium	<input type="checkbox"/>	Transfer of Property	<input type="checkbox"/>	Bet Placed	<input type="checkbox"/>	Other (Specify): _____		Remittance	<input type="checkbox"/>
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PART C: CATEGORY FOR SUSPICION

I. REASON FOR SUSPICION (Tick at least one)

35. Indicate the reason for suspicion

Person – Suspicious Behavior	<input type="checkbox"/>	ATM fraud	<input type="checkbox"/>
Irregular or unusual international banking activity	<input type="checkbox"/>	Advance fee Scam	<input type="checkbox"/>
Large or unusual cash deposit	<input type="checkbox"/>	Large or unusual cash withdrawals	<input type="checkbox"/>
Activity inconsistent with customer profile	<input type="checkbox"/>	Corporate/Investment fraud	<input type="checkbox"/>
Large or unusual inward remittance	<input type="checkbox"/>	Large or unusual outward remittance	<input type="checkbox"/>
Unusually large foreign currency transaction	<input type="checkbox"/>	Credit Card fraud	<input type="checkbox"/>
Country/jurisdiction risk	<input type="checkbox"/>	Credit/loan facility fraud	<input type="checkbox"/>
False name/identity	<input type="checkbox"/>	Currency not declared at border	<input type="checkbox"/>
Counterfeit currency	<input type="checkbox"/>	Immigration related issue	<input type="checkbox"/>
Fraud	<input type="checkbox"/>	Internet fraud	<input type="checkbox"/>
Avoiding reporting obligations	<input type="checkbox"/>	National Security concern	<input type="checkbox"/>
Known/suspected criminal/organization	<input type="checkbox"/>	Unauthorized Transaction	<input type="checkbox"/>
Unusual business practices	<input type="checkbox"/>	Unusual Financial Instrument	<input type="checkbox"/>
Many third parties making deposits into the account	<input type="checkbox"/>	Unusual Gambling	<input type="checkbox"/>
Watch listed individual/organization	<input type="checkbox"/>	Other (Specify): _____	
Phishing (Electronic Fraud)	<input type="checkbox"/>		
Sudden unexpected activity on previously dormant Or inactive account	<input type="checkbox"/>		



II. DESCRIPTION OF TRANSACTION

Transaction Narrative*

Please describe clearly and completely the factors or unusual circumstances that led to the suspicion. Further, indicate whether the transaction is an isolated incident or involves other transactions. Provide as much details as possible to explain what was suspicious. Has this matter been reported to any Law Enforcement Agency, if yes, please specify. If there is insufficient space, attach a separate statement.

[Empty box for Transaction Narrative]



PART D: REPORTING ENTITY DETAILS*

NATURE OF BUSINESS

Micro Finance Institution <input type="checkbox"/>	Insurance Broker <input type="checkbox"/>	Lotteries <input type="checkbox"/>	Motor Vehicle Dealer <input type="checkbox"/>	Precious metal Dealer <input type="checkbox"/>
Leasing Company <input type="checkbox"/>	Bureau de Change <input type="checkbox"/>	Real Estate Ag. <input type="checkbox"/>	Legal Practitioner <input type="checkbox"/>	Insurance <input type="checkbox"/>
Building Society <input type="checkbox"/>	Money Remitter <input type="checkbox"/>	Real Estate Dev. <input type="checkbox"/>	Accountant/Auditor <input type="checkbox"/>	Pension <input type="checkbox"/>
Commercial Bank <input type="checkbox"/>	Casino <input type="checkbox"/>	Stock Broker <input type="checkbox"/>	Tax Consultant <input type="checkbox"/>	Development Finance <input type="checkbox"/>

Other (Specify) _____

Reporting Entity Name* _____

Physical Address _____

Compliance/Reporting Officer

Name _____

Position _____

Tel No: Landline: +260 _____

Mobile: +260 _____

Fax: +260 _____

Email Address: _____

If different from Compliance /Reporting Officer

Name _____

Position _____

Tel No: Landline: +260 _____

Mobile: +260 _____

Fax: +260 _____

Email Address: _____

Are there any attachments accompanying this form? Yes No
(If yes, please specify):

Date: MM/DD/YYYY ____/____/____

.....
Signature

END OF REPORT

Please submit completed STR to FIC not later than 3 working days of forming the suspicion