

QFIU Reporting form

To: Qatar Financial Information Unit PO Box 1234, Doha - Qatar Fax: 44410327 Tel: 44456293	From: <input type="text"/>
	<input type="text"/>
	Tel: <input type="text"/>
	Fax: <input type="text"/>

SUSPICIOUS TRANSACTION REPORTING UNDER LAW NO. (4) OF YEAR 2010 ON ANTI-MONEY LAUNDERING AND COMBATING THE FINANCING OF TERRORISM

Your Reference: <input type="text"/>	QFIU Ref: <input type="text"/>	Incident Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
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1 Person subject of the suspicious transaction report

1.1 *If the subject of the disclosure is an individual, fill in the following*

<input type="text"/>	
Surname(s)	<input type="text"/>
Other Name(s)	<input type="text"/>
Father's Name:	<input type="text"/>
Address	<input type="text"/>
Telephone(s)	<input type="text"/>
Aliases	<input type="text"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female
Nationality	<input type="text"/>
Passport Number	<input type="text"/>
ID card Number	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Place of Birth	<input type="text"/>
Occupation	<input type="text"/>
Place of Work	<input type="text"/>

1.2 *If the subject of the disclosure is a company, fill in the following*

Name	<input type="text"/>
Registered Address	<input type="text"/>
Incorporation Number	<input type="text"/>
Type of Business	<input type="text"/>
Other Particulars	<input type="text"/>

1.3 *If the subject of the disclosure is a Trust, fill in the following*

Trust Name	<input type="text"/>
Nature and Purpose of the Trust	<input type="text"/>
Jurisdiction and Date of the Establishment of the Trust	<input type="text"/>
Identity of Settler (s)	<input type="text"/>
Identity of Trustee (s)	<input type="text"/>
Identity of Protector (s)	<input type="text"/>
Beneficiary or Beneficiaries	<input type="text"/>
Other Particulars	<input type="text"/>

2 Account(s) subject of suspicious transaction report

2.1 Account

Account Number	<input type="text"/>		
Held at (Name of Institution)	<input type="text"/>		
Sort / Bank Code	<input type="text"/>		
Account Type	<input type="text"/>		
Date Opened	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date Closed	<input type="text"/> / <input type="text"/> / <input type="text"/>
Balance Held	<input type="text"/>	Date of Balance Held	<input type="text"/> / <input type="text"/> / <input type="text"/>

2.2 2nd Account

Account Number	<input type="text"/>		
Held at (Name of Institution)	<input type="text"/>		
Sort / Bank Code	<input type="text"/>		
Account Type	<input type="text"/>		
Date Opened	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date Closed	<input type="text"/> / <input type="text"/> / <input type="text"/>
Balance Held	<input type="text"/>	Date of Balance Held	<input type="text"/> / <input type="text"/> / <input type="text"/>

3 Associates

3.1 Individuals

If the subject of the disclosure has an associate and the associate is an individual, fill in the following about the associate. If there are 2 or more associates that are individuals, attach the number of pages required to give the following information for the other associate(s).

Surname(s)	<input type="text"/>
Other Name(s)	<input type="text"/>
Father's Name	<input type="text"/>
Aliases	<input type="text"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female
Nationality	<input type="text"/>
Passport Number	<input type="text"/>

ID Card Number	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Place of Birth	<input type="text"/>
Occupation	<input type="text"/>
Place of Work	<input type="text"/>
Reason for Association to Main Subject	<input type="text"/>

3.2 Companies

If the subject of the disclosure has an associate and the associate is a company, fill in the following about the associate. If there are 2 or more associates that are companies, attach the number of pages required to give the following information for the other associate(s).

Name	<input type="text"/>
Registered Address	<input type="text"/>
Incorporation No.	<input type="text"/>
Type of Business	<input type="text"/>
Other Particulars	<input type="text"/>
Reason for Association to Main Subject	<input type="text"/>

3.3 Trusts

If the subject of the disclosure has an associate and the associate is a Trust, fill in the following about the associate. If there are 2 or more associates that are Trusts, attach the number of pages required to give the following information for the other associate(s).

Trust name	<input type="text"/>
Nature and purpose of the trust	<input type="text"/>
Jurisdiction and date of the establishment of the trust	<input type="text"/>
Identity of settler (s)	<input type="text"/>
Identity of trustee (s)	<input type="text"/>

Identity of protector (s)	<input type="text"/>
Beneficiary or Beneficiaries	<input type="text"/>
Reason for Association to Main Subject	<input type="text"/>

4 Suspicion – Statement of the grounds on which the Reporting Entity holds the suspicion

5 Transaction details

Amount	Source (account, sort / bank code, institution, account name)	Destination (account, sort / bank code, institution, account name)	Type (cheque, cash, SWIFT)

Submitted By (MLRO)

Signature

Date Submitted: / /