

## STR Form for FIs

QFIU Suspicious Transaction Report Form		
<b>1.</b>	<b>Submission details:</b>	
<b>1.1</b>	Date:	
<b>1.2</b>	Submitting Officer:	
<b>1.3</b>	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"/> Other: Specify <i>(Mandatory if chosen)</i>
<b>1.4</b>	Submitting Institution:	
<b>1.5</b>	Contact details: Address: Direct Phone No: Email:	
<b>1.6</b>	Reference No.	

<b>2.</b>	<b>Reporting details:</b>	
<b>2.1</b>	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
<b>2.2</b>	Is this report related to <b>Terrorism Financing</b> , Money Laundering, Sanctions or Proliferation type of suspicion? <i>(Mandatory)</i>	<input type="checkbox"/> Terrorism Financing <input type="checkbox"/> Money Laundering <input type="checkbox"/> Sanctions <input type="checkbox"/> Proliferation
<b>2.3</b>	Is this report subject to any <b>urgent</b> requirements to freeze funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<p><b>2.4</b></p>	<p>Suspicious Crime Type (Predicate Offence) (Mandatory)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Drugs</li> <li><input type="checkbox"/> Corruption</li> <li><input type="checkbox"/> Customs evasion</li> <li><input type="checkbox"/> Tax evasion</li> <li><input type="checkbox"/> Cyber Crimes</li> <li><input type="checkbox"/> Targeted Financial Sanctions linked to terrorism financing</li> <li><input type="checkbox"/> Targeted Financial Sanctions related to financing proliferation</li> <li><input type="checkbox"/> Targeted financial Sanctions by other UN Security Council Committees</li> <li><input type="checkbox"/> Another Related Crime</li> <li><input type="checkbox"/> Applying Financial Services without License</li> <li><input type="checkbox"/> Money Laundering</li> <li><input type="checkbox"/> Terrorism Financing</li> <li><input type="checkbox"/> Fraud</li> <li><input type="checkbox"/> Electronic fraud</li> <li><input type="checkbox"/> Moral crimes</li> <li><input type="checkbox"/> Unknown</li> </ul>
<p><b>2.5</b></p>	<p>Reason for suspicion: (Mandatory)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Fraud</li> <li><input type="checkbox"/> Structuring</li> <li><input type="checkbox"/> Source of funds could not be established</li> <li><input type="checkbox"/> Unwillingness of buyer to disclose his identity</li> <li><input type="checkbox"/> Purchase of expensive good is not commensurate with customer's profile</li> <li><input type="checkbox"/> Incomplete KYC</li> <li><input type="checkbox"/> Transaction with no business purpose</li> <li><input type="checkbox"/> Unusual Transaction</li> <li><input type="checkbox"/> Uneconomical Transaction</li> <li><input type="checkbox"/> False identity</li> <li><input type="checkbox"/> Large amount of cash</li> <li><input type="checkbox"/> Conduct of the individual suspicious</li> <li><input type="checkbox"/> Person/Entity is on the UN Sanctions List on other Watch lists</li> </ul>
<p><b>2.6</b></p>	<p>No. of transactions reported (Mandatory)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> One Transaction</li> <li><input type="checkbox"/> Multiple Transactions</li> </ul>

<p><b>2.7</b></p>	<p>What is the suspected value of the transaction/s, including any attempted transaction? <i>(Mandatory)</i></p>	<p>Value in Qatari Riyal:  Value in Other Currencies:</p>
<p><b>2.8</b></p>	<p>What type of fund, service or product was used for the transaction? <i>(Mandatory)</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cash</li> <li><input type="checkbox"/> Cheque</li> <li><input type="checkbox"/> Guarantees</li> <li><input type="checkbox"/> Trust Account</li> <li><input type="checkbox"/> Wire transfer</li> <li><input type="checkbox"/> Insurance Policy</li> <li><input type="checkbox"/> Bank Account</li> <li><input type="checkbox"/> Currency exchange</li> <li><input type="checkbox"/> Credit Card</li> <li><input type="checkbox"/> Debit Card</li> <li><input type="checkbox"/> Crypto Currency</li> <li><input type="checkbox"/> Gold</li> <li><input type="checkbox"/> Other precious metal</li> <li><input type="checkbox"/> Diamonds</li> <li><input type="checkbox"/> Other precious stones</li> <li><input type="checkbox"/> Real estate</li> <li><input type="checkbox"/> Investment certificates</li> <li><input type="checkbox"/> Stocks</li> <li><input type="checkbox"/> Consulting/Advisory services</li> <li><input type="checkbox"/> Securities</li> <li><input type="checkbox"/> Finance</li> </ul>

<p><b>3. Details of the person/s of interest (POI)/ Suspect or associates related to the transaction</b> <i>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.</i></p>	
<p><b>3.1 Person of Interest:</b> <i>Provide as much details as you know about the POI/ Suspect and include copies of any identification documents obtained</i></p>	<p><u>Nationality and Residency Information</u> <b>Nationality: (Mandatory)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Qatari</b> <ul style="list-style-type: none"> <li><input type="radio"/> QID No. <i>(Mandatory)</i></li> <li><input type="radio"/> Passport No. (Optional)</li> </ul> </li> <li><input type="checkbox"/> <b>Resident</b> <ul style="list-style-type: none"> <li><input type="radio"/> QID No. <i>(Mandatory)</i></li> <li><input type="radio"/> Passport No. (Optional)</li> </ul> </li> </ul>

		<input type="checkbox"/> <b>GCC Counties: (Either/Or)</b> <ul style="list-style-type: none"> <li>○ GCC ID No.</li> <li>○ Passport No.</li> </ul> <input type="checkbox"/> <b>Non Resident</b> <ul style="list-style-type: none"> <li>○ Passport No. (Mandatory)</li> </ul>
		<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:

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)	
4.1.4	Account name: (Mandatory)	
4.1.5	Account opening date:	
4.1.6	Account number:	

	(Mandatory)	
4.1.7	Account signatories:	
4.1.8	Account closed date, if applicable:	
4.1.9	Account balance: (Mandatory)	
4.1.10	Account transaction history:	<b>Please attach account transaction history covering the period of suspicion</b>
<b>Account information (2)</b>		
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:	<b>Please attach account transaction history cover the period of suspicion</b>

5. Company/Business Information	
5.1	Name of company/business: <i>(Mandatory)</i>
5.2	Type of company/business: <i>(Mandatory)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Private Company</li> <li><input type="checkbox"/> Public Company</li> <li><input type="checkbox"/> Partnership</li> <li><input type="checkbox"/> Trust or similar legal arrangement<sup>1</sup></li> <li><input type="checkbox"/> Other</li> </ul> Specify: <i>(Mandatory if chosen)</i>
5.3	In which jurisdiction is the company/business registered? <i>(Mandatory)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> State of Qatar</li> <li><input type="checkbox"/> GCC</li> <li><input type="checkbox"/> MENA</li> <li><input type="checkbox"/> Other:</li> </ul> Specify: (List of countries)
5.4	Company or Business Registration No.: <i>(Mandatory)</i>
5.5	Establishment Code <i>(Mandatory if company/business is local)</i>
5.6	Foreign Company Registration No. <i>(Mandatory if company/business is foreign)</i>
5.7	Registered address: <i>(Mandatory)</i>
5.8	Operational address, if different from registered address:
5.9	Company/business contact details: Name: Phone No. Mobile No. Email: Other information:

<sup>1</sup> Similar legal arrangements include Awqaf

<b>5.10</b>	Company Directors and/or business owners.	Name: Phone No. Mobile No. Email: Other information:
<b>5.11</b>	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>

<b>6.</b>	<b>Trust</b>	
<b>6.1</b>	Trust name	
<b>6.2</b>	Nature and purpose of the trust	
<b>6.3</b>	Jurisdiction and date of the establishment of the trust	
<b>6.4</b>	Identity of settlor (s)	
<b>6.5</b>	Identity of trustee (s)	
<b>6.6</b>	Identity of protector (s)	
<b>6.7</b>	Beneficiary or beneficiaries	
<b>6.8</b>	Other particulars	

<b>7.</b>	<b>Details of the suspicious activity</b>	
<b>7.1</b>	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"/> Internal Audit <input type="checkbox"/> Negative News <input type="checkbox"/> Other Specify <i>(Mandatory if chosen)</i>
7.4	Provide a detailed narrative about the actual suspicious activity resulting in the filing of this STR. <b>What raised your suspicious?</b>  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.	

<b>8. Supporting documentation</b>		
8.1	Please list any supporting documents relevant to the filing of this STR	<b>List attachments:</b> <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:  <i>(Reminder: Mandatory if chosen)</i>



