



FijiFIU

Fiji Financial Intelligence Unit

Suspicious Transaction Report (STR)

Please Complete in Ink and Capital Letters

Reporting of suspicious transactions is required under section 14 of the FTR Act 2004 and Part 3 of the FTR Regulations.

Failure to report or reporting false or misleading information may result in fines of up to \$30,000 or 5 years imprisonment or both or a fine of up to \$150,000 for a corporate body.

PART A - IDENTITY OF PERSON CONDUCTING THE SUSPICIOUS TRANSACTION

1 Full Name (Title, Given Names and Surname)																																																
2 Date of Birth																																																
<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> <tr> <td colspan="2">/</td><td colspan="2">/</td><td colspan="8"> </td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td colspan="4"> </td><td> </td> </tr> </table>																								/		/										D	D	M	M	Y	Y	Y	Y					
/		/																																														
D	D	M	M	Y	Y	Y	Y																																									
3 Occupation, Business or Principal Activity																																																
4 Business Address (Physical and PO Box)																																																
PO Box:																																																
Country:																																																
Phone:																																																
5 Residential Address (Cannot be a PO Box)																																																
Country:																																																
Phone:																																																
6 Citizen of Fiji																																																
<table border="1" style="width:100%;"> <tr> <td>Yes</td><td> </td><td>No</td><td> </td><td>Mark with a Tick</td><td>✓</td> </tr> </table>												Yes		No		Mark with a Tick	✓																															
Yes		No		Mark with a Tick	✓																																											
7 NON FIJI CITIZEN - Fiji Contact Address																																																
Phone:																																																

8 Is this Person a Signatory to an Account(s) Affected by this Transaction?											
Yes			No			Mark with a Tick ✓					
Details of Account(s):											
(1) Account Title/Name:											
Account Number:											
Account Type:											
Financial Institution:											
Branch / Office / Agency:											
(2) Account Title/Name:											
Account Number:											
Account Type:											
Financial Institution:											
Branch / Office / Agency:											

9 How was the identity of this person confirmed ?											
(1) ID Type:											
ID Number:											
Issuer:											
(2) ID Type:											
ID Number:											
Issuer:											

10 Is a photocopy of ID document/s attached?											
Yes			No			Mark with a Tick ✓					

If more than one person is involved please provide the same details contained in Sections 1 - 10 for each person, where appropriate, and attach.

PART B - DETAILS OF PERSON/ORGANISATION ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED (if applicable)

11 Full Name of Person / Organisation

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

12 Occupation, Business or Principal Activity

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

13 Business Address (Physical and PO Box)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PO Box:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

Phone:

14 Residential Address (Cannot be a PO Box)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

Phone:

15 Is this Person a Signatory to an Account(s) Affected by this Transaction?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mark with a Tick ✓
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Details of Account(s):

(1) Account Title/Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Type:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Financial Institution:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch / Office / Agency:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(2) Account Title/Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Type:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Financial Institution:

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Branch / Office / Agency:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PART C - DETAILS OF THE TRANSACTION

16 Type of Transaction (e.g. Deposit)

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17 Date of Transaction

D	D							M	M										

18 Transaction Description (e.g. Payment for Import etc.)

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19 Total Amount of this Transaction (Include Cash and Any Other Components of the Transaction - If a Foreign Currency is Involved, Convert the Amount to Fiji Dollars)

FJD

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

20 If a Foreign Currency was Involved in this Transaction, specify:

Foreign Currency

Foreign Currency Amount

(e.g. AUD) (e.g. \$400,000)

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21 If a cheque/bank draft/money order/telegraphic transfer/transfer of currency or purchase or sale of any security was involved in this transaction, please specify:

Drawer/Ordering Customer:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Payee/Favouree/Beneficiary:

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22 If Another Financial Institution was Involved in this Transaction, Please Specify:

Name of Financial Institution:

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Branch / Office / Agency:

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Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PART F - REPORTING FINANCIAL INSTITUTION

31 Type of Financial Institution											
32 Full Name of Financial Institution											
33 Name of Branch or Office or Agency Where the Transaction Occurred											
34 Business Address of Financial Institution (Physical and PO Box)											
PO Box:											
Country:											
Phone:											

PART G - FINANCIAL INSTITUTION STATEMENT

35 Details of Authorised Person													
Given Names and Surname:													
Position / Title:													
Phone:													
E-Mail:													
36 This Statement is Made Pursuant to the Requirement to Report Suspicious Transactions Under the FTR Act and the Regulations													
Signature of Authorised Person:													
<table border="1"> <tr> <td>Sign Here</td> <td>X</td> </tr> </table>												Sign Here	X
Sign Here	X												
Date:													
		/			/								
37 Financial Institutions Internal Reference Number (if applicable)													

FIJI FINANCIAL INTELLIGENCE UNIT USE ONLY

Report Number:											
Authorisation:											
Comments:											

For Online Electronic Reporting Please Visit:

www.odds.fijifiu.gov.fj

OR

www.fijifiu.gov.fj

Send Completed STR Form Marked as **CONFIDENTIAL to:**

**The Director
Financial Intelligence Unit
Reserve Bank of Fiji, Level 5 RBF Building
Pratt Street, Private Mail Bag, Suva, Fiji**

For Assistance Contact:

**Financial Intelligence Unit
Phone: (+679) 322 3333
Fax: (+679) 331 6454
Email: info@fijifiu.gov.fj**