



**PAKISTAN POST**  
**OFFICE OF THE DIRECTOR GENERAL PAKISTAN POST**

No. Sav.19-2/2016

Islamabad the,

2<sup>nd</sup> October, 2018

**SUBJECT: ANTI MONEY LAUNDERING (AML / CFT) COMPLIANCE RULES.**


The Financial Monitoring Unit (FMU) State Bank of Pakistan has directed to issue Anti Money Laundering and Combating the Financing of Terrorism (AML / CFT) Regulations for compliance in Post Offices in the services of Savings Bank and Money Transfer to deter Money Laundering and Financing of terrorism.

2. In this connection, AML / CFT Regulations are circulated through the Special D.G. Circular as enclosed herewith for necessary action and compliance. It is requested to:-

- i. Circulate the Special D.G. Circular to all operational offices for implementation.
- ii. All DSPS may be directed to brief all concerned on the implementation of the regulations.
- iii. Translate key points of the regulations into Urdu for convenience of the Post Offices. A copy thereof may also be provided to this office.
- iv. Postmaster General concerned shall be personally responsible to ensure implementation of the regulations.
- v. The Para regarding compliance of the regulations should be incorporated in the Inspection / Visit remarks of all the operational offices.
- vi. Nominate a focal person to monitor and facilitate implementation of the regulations by keeping liaison with all concerned officers and Director (FS), Directorate General Pakistan Post Islamabad on all emerging issues and provide solutions.

3. In view thereof, orders to be issued to operational offices may please be endorsed to this office and also submit compliance report to the Addl. DG (FS) on fortnightly basis.

4. Kindly acknowledge receipt.

  
(Naeem Ahmed)  
Director (FS)

Mr. Ahsan Javed Awan Postmaster General, Punjab Province, <b>Lahore.</b>	Mr. Khalid Javed Postmaster General, Central Punjab Circle, <b>Lahore.</b>
Dr. Akram Nawaz Postmaster General, Southern Punjab Circle, <b>Multan.</b>	Mr. Akber Ali Dero, Postmaster General, Metropolitan Circle, <b>Karachi.</b>
Dr. Athar Ali Shah Postmaster General, Northern Sindh Circle, <b>Hyderabad.</b>	Mr. Samiullah Khan, Postmaster General, Khyber Pakhtun Khwa Circle, <b>Peshawar.</b>
Mr. Akber Ali Dero, Postmaster General, Balochistan Circle, <b>Quetta.</b>	Mr. Laiq Zaman, Postmaster General, FC, AJK & GB Circle, <b>Islamabad.</b>
Hafiz Zafar Ali Malik Postmaster General, Northern Punjab Circle, <b>Rawalpindi.</b>	Mr. Irfan Anwar Baloch Postmaster General, Sindh Province, <b>Karachi.</b>

Copy to:-

Mr. Abdul Wahid, Director Financial Monitoring Unit (FMU), Government of Pakistan,  
2<sup>nd</sup> Floor, Main Building, State Bank of Pakistan, I.I Chundrigar Road, **Karachi** for information.  
A copy of the AML/ CFT Regulations issued to Post Offices for compliance is enclosed.

PAKISTAN POST OFFICE  
OFFICE OF THE DIRECTOR GENERAL PAKISTAN POST OFFICE



D.G. SPECIAL CIRCULAR NO. -----

PUBLISH UNDER THE AUTHORITY OF THE  
Director General,  
Pakistan Post Office

**Subject:- ANTI MONEY LAUNDERING AND COMBATING THE FINANCE OF  
TERRORISM (AML/CFT) REGULATIONS.**

The State Bank of Pakistan has issued Anti Money Laundering and Combating the Financing of Terrorism (AML/CFT) Regulations for Banks and Development Finance Institutions (DFIs) to deter Money Laundering & Financing of Terrorism..

2. Pakistan Post is a Financial Institution which provides Savings Bank and Money transfer services to the general public.
3. The State Bank of Pakistan has issued directions to Pakistan Post to enforce the AML & CFT Regulations of State Bank of Pakistan in the services of Money Transfer and Post Office Savings Bank.
4. List of abbreviations used in the Regulations is attached as Annex-A.
5. Salient features of the AML & CFT Regulations are given below for compliance by all concerned:-

**AML/CFT Measures**

6. The Pakistan Post, including all its officers and employees, shall,-
  - (a) comply with the provisions of the AML Act and the rules and regulations issued thereunder for reporting STRs and CTRs in the context of money laundering or financing of terrorism;
  - (b) implement appropriate internal policies, procedures and controls for meeting the obligations specified by the AML Act and the rules and regulations issued thereunder;
  - (c) make use of technology and upgrade their systems and procedures in accordance with the nature of risks of money laundering and financing of terrorism and shall establish criteria for management of alerts for such risks.
7. An STR shall be generated based upon suspicion and regardless of the amount of transactions under consideration. Format of STR and guidelines thereof is at Annex-B.

8. A CTR shall be generated for a transaction in cash of two million rupees or above any other threshold notified pursuant to the AML Act and regardless of any suspicion.
9. The basis of decision to file an STR or CTR with FMU shall be documented and kept on record together with all internal findings in relation to the suspicion. Format of STR and guidelines thereof is at Annex-C.
10. The officers and employees concerned shall,-
  - (a) scrutinize any transactions that are not consistent with the history or profile of the customer and refer the same to compliance officers for further examination;
  - (b) pay special attention to unusually large transactions and unusual patterns of transactions and examine the background of such transactions, as far as possible, and record the findings for any further inspection and investigation; and
  - (c) not disclose to any person the fact of filing of an STR or CTR with FMU, except where so required by law.

**Regulation-1:**

**Customer Due Diligence (CDD)/ Know Your Client (KYC).**

11. Every customer shall be identified for establishing business relationship and, for the purpose, following information shall be obtained, verified and recorded:
  - (a) Full name as per identity document;
  - (b) CNIC/Passport/NICOP/POC/ARC number;
  - (c) Registration/incorporation number of business;
  - (d) Residential address, telephone numbers and e-mail;
  - (e) Business address, telephone numbers and e-mail;
  - (f) Date of birth;
  - (g) Date of registration/incorporation of business;
  - (h) Nationality or place of birth;
  - (i) Place of registration/incorporation of business;
  - (j) Nature of business, locations involved and type of counter-parties;
  - (k) Sources of earnings.
12. **Post Office shall verify identity documents of the customers from relevant authorities and bodies, including through NADRA's Verisys system, and,** where necessary, use other reliable, independent sources and retain copies of all reference documents used for identification and verification.
13. Post Office shall be responsible for verification of the identity documents and the customer shall neither be obligated nor the cost of verification be charged to the customer.
14. Where the customer is represented by an authorized agent or representative or agent, or where customer is a legal person, the Post Office shall identify the natural persons who act on behalf of the customer and verify the identity of such persons and the authority of such

natural persons shall be verified through documentary evidence, including specimen signature of the persons so authorized.

15. Where beneficial owners of a customer are involved, all reasonable measures shall be taken to obtain information to identify and verify the identity of the beneficial owners.
16. The verification of the identity of customers and any beneficial owners shall be completed before business relations are established.
17. In exceptional cases, business relationships may be established without prior verification, if the deferral of verification of the identity of the customer and any beneficial owners is required in order not to interrupt the normal conduct of business operations and the risks can be effectively managed.
18. In relation to legal persons,-
  - (a) all reasonable measures shall be taken to identify and verify (i) the ownership and control structure of the customer and (ii) the natural persons who ultimately own or control the customer; and
  - (b) the information about the purpose and intended nature of their business relations shall be obtained.
19. Post Office shall periodically review the adequacy of information obtained in respect of customers and any beneficial owners and ensure that the information is kept up to date, particularly, for high-risk categories of customers.
20. Post Office shall establish criteria for identifying and assessing risks that may arise in relation to new products, services, business practices and delivery mechanisms, including the review of existing products and services on an on-going basis.
21. In the case of joint holders of accounts or instruments, the CDD/KYC measures specified above shall be performed on all the joint holders as if each of them was an individual customer.
22. Post Office shall perform the CDD/KYC measures in relation to its existing customers as may be appropriate having regard to assessment of materiality and risk and without compromise on identity and verification requirements.
23. Post Office shall not provide any services to the individuals and entities proscribed under the Anti-terrorism Act, 1997 (XXVII of 1997), or designated under UNSCR 1267, UNSCR 1373 or other instrument of the United Nations, and to those persons who are associated with such individuals and entities, whether under the proscribed or designated name, or with a different name.
24. Post Office shall monitor their relationships on a continuous basis and ensure that no relationship with the proscribed or designated, individuals and entities exists and where,

any such relationship is found, the same should be immediately reported to FMU and other actions shall be taken as per the applicable law.

25. In relation to politically exposed persons (PEPs) and their close associates or family members, the Office of Issue shall:

- (a) implement appropriate internal policies, procedures and controls to determine if a customer or beneficial owner is a PEP;
- (b) obtain approval from the senior management to establish or continue business relations where the customer or a beneficial owner is a PEP or subsequently becomes a PEP;
- (c) establish, by appropriate means, the sources of wealth or beneficial ownership of funds; and
- (d) conduct enhanced monitoring of business relations with the customer.

26. In relation to non-governmental organizations (NGOs), non-profit organizations (NPOs) and charities, the Office of Issue shall:

- (a) conduct enhanced due diligence of the customer;
- (b) obtain senior management's approval while establishing business relationship;
- (c) ensure that the business relationship may not be used for unlawful objects;
- (d) issue the instruments in the name of the relevant NGO, NPO or charity, as given in its constituent documents;
- (e) subject to the authorized agents or representatives of the customers to comprehensive CDD/KYC; and
- (f) ensure that the authorized agents or representatives may not be affiliated with any proscribed individual or entity, whether under the same name or a different name.

27. Post Office shall not open or maintain anonymous or numbered accounts, or accounts in the name of fictitious persons.

**Regulation-2:**

**Record Keeping**

28. The Office of Issue shall maintain all necessary records on transactions, both domestic and overseas, including the results of any scrutiny or analysis for a minimum period of ten years from completion of the transaction.

29. The records shall be sufficient to permit reconstruction of individual transactions including the nature and date of the transaction, the type and amount of currency involved and the type and identifying number of any account involved in the transactions so as to provide, when necessary, evidence for action at law.
30. The records may be maintained in paper or electronic form or on microfilm.
31. The records of identification data obtained through CDD/KYC process, including copies of identification documents, application forms, KYC forms, verification documents and other documents along with business correspondence, shall be maintained for a minimum period of ten years after the business relationship is ended.
32. The Office of Issue shall retain such records for longer periods of time where transactions, customers or instruments are involved in litigation or the same are required by a Court of law or other competent authority.
33. The Office of Issue shall satisfy, on timely basis, any enquiry or order from the relevant authorities, including law enforcement agencies and FMU, for supply of information and records as per law.

**Regulation-3:**

**Internal Controls, Compliance and Audit**

34. The policies, procedures and controls shall include, amongst other things, CDD/KYC measures, record retention, detection of suspicious transactions and obligation to file STRs and CTRs with FMU.
35. The Office of Issue shall consider the threats of money laundering and financing of terrorism that may arise from the use of new or developing technologies, especially those having features of anonymity or inconsistency with the spirit of CDD/KYC measures.
36. The AML/CFT measures provided be applicable to the Office of Issue outside Pakistan to the extent that laws and regulations of the host country permit and, where the AML/CFT requirements in the host country differ from those in Pakistan, the Office of Issue shall apply the higher of the two standards to the extent that the law of the host country so permits.
37. The Office of Issue shall,-
  - (a) develop appropriate AML/CFT compliance program including, at least, the appointment of a management level officer as the compliance officer; and
  - (b) ensure that the compliance officer, as well as any other persons appointed to assist him, has timely access to all customer records and other relevant information required to discharge their functions.

38. An independent audit function in line with Code of Corporate Governance that is adequately resourced and able to regularly assess the effectiveness of internal policies, procedures and controls, and its compliance with regulatory requirements.

**Regulation-4:**

**Training**

39. The Office of Issue shall develop and implement training programs for the officers and employees concerned with AML/CFT measures, on annual basis, in order to effectively implement such measures.
40. The trainings of officers and employees shall enable them to understand new developments, techniques method and trends concerning money laundering and financing of terrorism.
41. The training should include the responsibilities relating to AML/CFT measures, especially requirements relating to CDD/KYC and analysis of unusual transactions and alerts generated thereof for possible reporting of STRs and CTRs.
42. The Office of Issue may acquire or develop comprehensive AML/CFT training programs, including the online training programs and tests, under a comprehensive plan with clear timelines for its implementation.

**General Provisions**

43. If any difficulty arises in giving effect to any provision of the regulations in a particular case, or class of cases, the Pakistan Post may, for reasons to be recorded in writing and with the prior approval of the authority, relax the requirements of these rules subject to such conditions as the Pakistan Post may deem fit.

**-Sd-**

**(Ejaz Ahmed Minhas)**  
Addl. Director General (FS)

No. Sav. 19-2/2016      Islamabad- 44080      the..... October, 2018

Advance copy of the Circular is forwarded to the Superintendent (Procurement), Director General Pakistan Post Office, Islamabad-44080 (Two copies) for arranging the publication of above material in the next DG's Circular.



## ACRONYMS

AML/CFT	Anti-Money Laundering and Combating the Financing of Terrorism
ARC	Aliens Registration Card
CNIC	Computerized National Identity Card
CRP	Customer Risk Profiling
CTR	Currency Transaction Report
DDs	Demand Drafts
DFI	Development Finance Institution
EDD	Enhanced Due Diligence
FATF	Financial Action Task Force
FI	Financial Institution
FMU	Financial Monitoring Unit
FT	Financing of Terrorism
KYC/CDD	Know Your Customer/ Customer Due Diligence
ML	Money Laundering
MTs	Mail Transfers
NADRA	National Database & Registration Authority
NARA	National Aliens Registration Authority
NGOs/NPOs	Non-governmental Organizations or Non-profit Organizations
NICOP	National Identity Card for Overseas Pakistanis
NTN	National Tax Number
PEP	Politically Exposed Person
POs	Payment Orders
POC	Pakistan Origin Card
RBA	Risk Based Approach
SBP	State Bank of Pakistan
SDD	Simplified Due Diligence
SECP	Securities & Exchange Commission of Pakistan
STR	Suspicious Transaction Report
TMS	Transaction Monitoring System

# Currency Transaction Report

(See Regulation 5)

(Check appropriate box)

1) Date        \_\_\_ / \_\_\_ / \_\_\_        dd/mm/yyyy

2)             Initial Report             Corrected Report             Supplemental Report

**Part I**

## Person(s) Involved in Transaction(s)

Section A -- Person(s) on Whose Behalf Transaction(s) Is Conducted

3) Name \_\_\_\_\_

4) Father / Husband's name \_\_\_\_\_

5) Address (permanent)  
\_\_\_\_\_

6) Address (present)  
\_\_\_\_\_

7) Other Known Address  
\_\_\_\_\_

8) Phone Number - Residence (include area code)            \_\_\_\_\_

9) Phone Number - Office (include area code)            \_\_\_\_\_

10) Fax Number            \_\_\_\_\_

11) Cell Number            \_\_\_\_\_

12) CNIC Number            \_\_\_\_\_

13) NIC Number (in case CNIC number is not available)

14) Any other Identification Number            \_\_\_\_\_

15) National Tax Number (NTN), if available

16) Date of Birth:        \_\_\_ / \_\_\_ / \_\_\_        (dd/mm/yyyy)

17) Nationality            \_\_\_\_\_

18) Occupation/Type of Business

19) Relationship with Financial Institution

- Customer       Employee       Agent       Walk in Customer  
 Other (Please specify) \_\_\_\_\_

20) Business Relation with Customer (if any)

Section B--Individuals Conducting Transaction(s) (if other than above).

21) Name \_\_\_\_\_

22) Father / Husband's name \_\_\_\_\_

23) Address (permanent)

24) Address (present)

25) Contact Numbers (include area code)

26) CNIC Number

27) Any other Identification Number

28) Date of Birth: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

29) Nationality

30) Occupation/Type of Business

31) Relationship with Financial Institution

- Customer       Employee       Agent       Walk in Customer

Other (Please specify) \_\_\_\_\_

**Part II**

**Amount and Type of Transaction(s) Check all boxes that apply.**

32) Date of Transaction  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd/mm/yyyy)

**(In Case of Local Currency)**

33) Total Cash in \_\_\_\_\_ 34) Total Cash out \_\_\_\_\_

**(In Case of Foreign Currency)**

35) Foreign Cash in \_\_\_\_\_ 36) Foreign Cash out \_\_\_\_\_ 37) Name of Foreign Country \_\_\_\_\_

**Type of Transaction**

- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| 38) <input type="checkbox"/> Purchased            | Negotiable Instrument(s) | 39) <input type="checkbox"/> Cashed               | Negotiable Instrument(s) |
| 40) <input type="checkbox"/> Currency Exchange(s) |                          | 41) <input type="checkbox"/> Deposit / Withdrawal |                          |
| 42) <input type="checkbox"/> Affected (if any)    | Account Number(s)        | 43) <input type="checkbox"/> Wire Transfer(s)     |                          |
| 44) <input type="checkbox"/> Others (specify)     |                          |   |                          |

**Part III**

**Financial Institution Where Transaction(s) Takes Place**

45) Name of Institution \_\_\_\_\_

46) NIFT Code \_\_\_\_\_

47) Branch Code \_\_\_\_\_

48) Address of Financial Institution : \_\_\_\_\_

## Guidance Notes to Reporting Entities for Filing CTR Form

This document provides general guidance notes to the Reporting Entities on filing Currency Transaction Report to Financial Monitoring Unit.

Seq	Field Name	Description
1	Report Date	Reporting date: (format DD-MON-YYYY)
2	Report Status	Initial report Corrected Report Supplemental  Transaction status code are initial report (when a report is generated first time), Corrected report (when there is a need for correction in the initial report) and Supplemental report (when there is an update information on already reported initial report).
3	Person Involved in Transaction: Name	Name of the person involved in the currency transaction being reported (The information provided in field 19 should correspond to this field)
4	Person Involved in Transaction: Father/Husband Name	Father/Husband name of the person involved in the transaction. (In case of individual(s) account)
5	Person Involved in Transaction: Permanent Address	Permanent address of the person involved the transaction.  [Note: one of the address field is mandatory i.e. you must specify either Permanent Address or Present Address or Other Address]
6	Person Involved in Transaction: Present Address	Present address of the person involved in the transaction.
7	Person Involved in Transaction: Other Address	Other available address of the person involved the transaction.
8	Person Involved in Transaction: Residence Phone#	Residence phone No. of the person involved the transaction.  [Note: one of the contact number field is mandatory i.e. you must specify either residence phone or office phone or fax or cell number]

49) Name of Branch where transaction / activity occurred : \_\_\_\_\_

50) Address of Branch: \_\_\_\_\_

**Reporting Officer**

51) Name \_\_\_\_\_

52) Designation \_\_\_\_\_

53) Phone Number(s) (Include area code) \_\_\_\_\_

53) Fax Number(s) (Include area code) \_\_\_\_\_

54) Email Address \_\_\_\_\_

55) Cell Number(s) \_\_\_\_\_

**Contact Person**

56) Name \_\_\_\_\_

57) Phone Number(s) \_\_\_\_\_

(Seal & Signature of Reporting Officer)

Seq	Field Name	Description
9	Person Involved in Transaction: Office Phone#	Office phone no. of the person involved the transaction
10	Person Involved in Transaction: Fax#	Fax No of the person involved the transaction
11	Person Involved in Transaction: Cell#	Cell no of the person involved the transaction
12	Person Involved in Transaction: CNIC#	CNIC# of the person involved the transaction.  [Note: one of the identification field is mandatory i.e. you must specify either CNIC or NIC or NTN or other Identification number
13	Person Involved in Transaction: NIC#	Old NIC# of the person involved in the transaction
14	Person Involved in Transaction: Other Identification#	Any other identification No. This may be a text like in Passport No. etc.
15	Person Involved in Transaction: NTN	National Tax No. of the person involved the transaction
16	Person Involved in Transaction: Date of Birth	Date of birth of the person involved the transaction (In case of individual(s))
17	Person Involved in Transaction: Nationality	Nationality of the person involved the transaction (In case of individual(s))
18	Person Involved in Transaction: Occupation/Business Type	Occupation of the person involved in the transaction.
19	Person Involved in Transaction: Relationship with FI	Relationship of the person involved in the transaction with the reporting inst. One of the following to be selected.  Account holder Agent Employee Walk-in Customer Other (Explain other)
20	Person Involved in Transaction: Business Relation with Customer, if any	Nature of business Relationship of reporting institution with customer who is conducting the transaction e.g., deposit accounts or having availed any other facility.
	<b>Section B (Fields from 21-31) to be filled if a third party/person is conducting the transaction on behalf of the customer) whose information is provided in the Section A.</b>	

Seq	Field Name	Description
21	Person Conducting Transaction: Name	Name of the person conducting transaction.
22	Person Conducting Transaction: Father/Husband Name	Father/husband name of the person conducting transaction
23	Person Conducting Transaction: Permanent Address	Permanent address of the person conducting transaction (Note: Provide information at least against one of the fields viz 23, 24, 25 where information against field 21 has been provided.
24	Person Conducting Transaction: Present Address	Present address of the person conducting transaction
25	Person Conducting Transaction: Contact No.	Phone No. of the person conducting transaction
26	Person Conducting Transaction: CNIC#	CNIC of the person conducting transaction  [Note: If name of person conducting transaction is specified then one of the identification field is mandatory i.e. you must specify either CNIC or NIC or NTN or other Identification number]
27	Person Conducting Transaction: Other Identification#	other identification available of the person conducting transaction
28	Person Conducting Transaction: Date of Birth	Date of Birth of the person conducting transaction
29	Person Conducting Transaction: Nationality	Nationality of the person conducting transaction
30	Person Conducting Transaction: Occupation/Business Type	Occupation / business type of the person conducting transaction
31	Person Conducting Transaction: Relationship with FI	Relationship of the person involved the in transaction, with the reporting institution: Account holder Agent Employee Walk-in Customer Other (Please specify)
32	Transaction Date	Date, when transaction took place.



Seq	Field Name	Description
33	Transaction Total Cash-In	If transaction is carried out in local currency then Total cash deposited in reporting institution.
34	Transaction Total Cash-Out	If transaction is carried out in local currency then Total cash withdrawn from the reporting institution.
35	Foreign Cash-In	If transaction is carried out in foreign currency then Total cash deposited in the reporting institution.
36	Foreign Cash-out	If transaction is carried out in local currency then Total cash withdrawn from the reporting institution.
37	Name of Foreign Country	If a cash based wire transfer, then name of country where wired.
38-43	Transaction Type	Type of CTR conducted. Any one from the below mentioned (38-43) can be selected:  Negotiable Instrument(s) Purchased Negotiable Instrument(s) Cashed Currency Exchange(s) Deposit/Withdrawal Account Number(s) Affected (if any) WTR-Wire Transfer(s).
44	Transaction Type - Other	Required if OTH is selected in 'Transaction Type' column
45	Name of FI	Name of Reporting Institution
46	NIFT Code	NIFT code of reporting institution
47	Branch Code	Branch code assigned to the reporting branch or where the transaction took place. The branch code is internal to each Reporting Institution that does not change as branches are opened/closed/relocated.
48	Address of FI	Address of the Head Office of the reporting institution
49	Name of Branch-Transaction occurred	Name of the branch where transaction carried out

Seq	Field Name	Description
50	Address of Branch	Address of the branch where transaction carried out
51	Reporting Officer's Name	Name of reporting officer, who is reporting the transaction to FMU on behalf of the reporting entity
52	Reporting Officer's Designation	Designation of the reporting officer.
53	Reporting Officer's Phone#	Mention reporting officers phone number.
53	Reporting Officer's Fax#	Mention reporting officers fax number.
54	Reporting Officer's Email Address	Email address of the reporting officer. Must be a valid email address
55	Reporting Officer's Cell#	Cell No. of the reporting officer.
56	Contact Person's Name	Name of the contact person for assistance to FMU about this transaction, to be provided if other than the reporting officer.
57	Contact Person's Phone#	Phone number of the contact person.

# Suspicious Transaction Report

[See regulation 4(2)]

(Check appropriate box)

- 1) Date      /      /      dd/mm/yyyy
- 2)  Initial Report       Corrected Report       Supplemental Report

## Part 1 Reporting Financial Institution Information

- 3) Name of Institution
- 4) NIFT Code
- 5) Address of Financial Institution :
- 6) Name of Branch where transaction / activity occurred :
- 7) Branch Code
- 8) Address of Branch:
- 9) Primary Regulator
- SBP       SECP       Other (Please Specify)

## Reporting Officer

- 10) Name
- 11) Designation
- 12) Phone Number(s) (Include area code)
- 13) Fax Number(s) (Include area code)
- 14) Email Address
- 15) Cell Number(s)

**Contact for Assistance (If different from Reporting Officer)**

- 16) Name \_\_\_\_\_
- 17) Designation \_\_\_\_\_
- 18) Phone Number(s) (Include area code) \_\_\_\_\_
- 19) Fax Number(s) (Include area code) \_\_\_\_\_
- 20) Email Address \_\_\_\_\_
- 21) Cell Number(s) \_\_\_\_\_



**Suspect Information**

- 22) Name \_\_\_\_\_
- 23) Father / Husband's name \_\_\_\_\_
- 24) Address (permanent) \_\_\_\_\_
- 25) Address (present) \_\_\_\_\_
- 26) Other Known Address \_\_\_\_\_
- 27) Phone Number(s) - Residence (Include area code) \_\_\_\_\_
- 28) Phone Number(s) - Office (Include area code) \_\_\_\_\_
- 29) Fax Number(s) \_\_\_\_\_
- 30) Cell Number(s) \_\_\_\_\_
- 31) CNIC Number \_\_\_\_\_
- 32) NIC Number (in case CNIC number is not available) \_\_\_\_\_
- 33) Any other Identification Number \_\_\_\_\_
- 34) National Tax Number (NTN), if available \_\_\_\_\_
- 35) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)
- 36) Nationality \_\_\_\_\_

37) Occupation/Type of Business

38) Relationship with Financial Institution  
 Accountholder  Employee  Agent  Walk in Customer  
 Other (Please specify)

39) Business Relation with Suspect (if any)

40) Is Relationship Still Maintained With the Person?  YES  NO

41) In Case No. Mention Date of Termination of Relationship  /  /  (dd/mm/yyyy)

42) Capacity in which the person is performing the transactions / acts  
 Individual  Company  Agent  Broker  
 Other (Please specify)

43) Identities of other persons known to be involved in reported activity

**Part III** Suspicious Transaction Information

44) Date of Suspicious Transaction \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yyyy)

45) Amount involved (Please Specify Currency)

46) Suspicious Transactions :

Date	Amount	Description of Transaction

47) Brief Narrative (Reasons for Suspicion)  
(Include suspicious activity information, explanation / description and background details)

48) Characterization of Suspicious Transaction (i.e. nature of suspected predicate schedule offence)

49) Has the transaction already been reported to any Law Enforcement Agency? If so, list the agency

a	
b	
c	
d	

**Part IV** Account Information

50) Account number (s) effected, if any

a)	b)	c)	d)
----	----	----	----

51) Account (s) opened on (dd/mm/yyyy)

a)	b)	c)	d)
----	----	----	----

52) Current Status of the Account(s)

a)	b)	c)	d)
----	----	----	----

53) Purpose of account (s)

a)	b)	c)	d)
----	----	----	----

54) Average Monthly Turnover of account (s)

a)	b)	c)	d)
----	----	----	----

55) Aggregate Credits / Debits for last 3 Years

a)	b)	c)	d)
----	----	----	----

56) Peak Balance(s) of last 3 Years

a)	b)	c)	d)
----	----	----	----

57) Nature of Account (s):

- Individual       Partners  
 other (please specify)       hip       Company       Trust

58) Transaction Mean / Method

- Cash       Cheque       Remittan ce       Pay Order  
 Credit Card       Debit       Deposits       Fixed Deposit

Card

- Draft                       Transfer                       LC                       Transfer
- Other (Please specify) \_\_\_\_\_

Online

Transfer

59) Copies of Following Documents are attached :

- Customer Identification documents / Account Opening Form
- KYC / CDD of Customer or Suspect
- Other Documents obtained at the time of opening of account / relationship
- Relevant documents supporting the STR

60) Other Relevant Information (information linked to STR or action taken by the reporting entity)

(Seal & Signature of Reporting Officer)

## Guidance Notes to Reporting Entities for Filing STR Form

This document provides general guidance notes to the Reporting Entities on filing a Suspicious Transaction Report to Financial Monitoring Unit.

Frequency of reporting: A suspicious transaction activity is reported to FMU as and when suspected by the reporting entity but not later than 7 days of forming that suspicion.

Seq	Field Name	Description
1	Report Date	Transaction report date (to FMU) to be provided.
2	Report Status Code	Initial Corrected Supplemental  Transaction status code are initial report (when a report is generated first time), Corrected report (when there is a need for correction in the initial report) and Supplemental report (when there is an update information on already reported initial report).
3	Organization Name	The name of the reporting institution.
4	NIFT Code	Wherever applicable
5	Address of F.I	Address of the Head Office of the reporting entity.
6	Name of Branch	Name of the branch where Suspicious Activity or Transaction taken Place.
7	Branch Code	Wherever applicable.
8	Address of Branch	Mention the branch address
9	Primary Regulator	Mention the name of primary regulator.
10	Reporting Officer's Name	Name of reporting officer. Who is reporting the transaction on behalf of the reporting entity, usually compliance officer.
11	Reporting Officer's Designation	Designation of the reporting officer.
12	Reporting Officer's Phone#	Phone No. of the reporting officer.
13	Reporting Officer's Fax No.	Fax No. of the reporting officer, if available
14	Reporting Officer's Email address	Email address of the reporting officer, if available



Seq	Field Name	Description
15	Reporting Officer's Cell#	Cell No. of the reporting officer, if available
16	Contact Person's name	Name of the contact person for assistance to FMU about this transaction, to be provided if other than the reporting officer.
17	Contact Person's Designation	Designation of the contact person.
18	Contact Person's Phone#	Phone number of the contact person.
19	Contact Person's Fax#	Fax no of the contact person, if available
20	Contact Person's Email address	Email address of the contact person, if available
21	Contact Person's Cell#	Cell No. of the contact person, if available
22	Suspect Name	Name of the person / party who conducted the transaction being reported.
23	Father/Husband name of the suspect	Father/Husband name of the person who conducted the transaction (in case of individual(s) account)
24	Permanent address of suspect	Permanent address of the person/party involved in the transaction  [Note: one of the address field is mandatory i.e. you must specify either Permanent Address or Present Address or Other Address]
25	Present address of suspect	Present address of the person conducting the transaction.
26	Other available address of suspect	Other available address of the person involved in the transaction.
27	Suspect Res. Phone#	Residence phone No. of the person involved in the transaction  [Note: one of the contact number field is mandatory i.e. you must specify either residence phone or office phone or fax or cell number]
28	Suspect's Office Phone#	Office phone no. of the person involved in the transaction
29	Suspect Fax#	Fax No. of the person involved in the transaction
30	Suspect Cell#	Cell No. of the person involved in the transaction
31	Suspect's CNIC#	CNIC# of the person involved in the transaction.  [Note: one of the identification field is mandatory i.e.

Seq	Field Name	Description
		you must specify either CNIC or NIC or NTN or other [identification number]
32	Suspect's NIC#	Old NIC# of the person involved in the transaction.
33	Suspect's any other identification# (passport etc.)	Any other identification No.
34	Suspect National Tax #.	National Tax No. of the person involved in the transaction.
35	Suspect's Date of Birth	Date of birth of the person involved in the transaction.
36	Suspect's nationality	Nationality of the person involved in the transaction.
37	Suspect's occupation / business	Occupation / type of business of the person involved in the transaction.
38	Suspect's relationship with the reporting institution	Relationship of the person involved in the transaction with the reporting inst. Customer/ Account holder Agent Employee Walk-in Customer Other
39	Business Relationship with Suspect	Business Relationship with Suspect.
40	Is relationship with the suspect active	This field should report if the relationship of the suspect person with the reporting institution is still active or not. If Yes, report 'Y', 'N' otherwise.
41	Relationship termination date	If relationship with the suspect is not intact, report the date when the relationship was terminated.
42	Suspect's transaction capacity	Specify the person's transaction capacity. Tick relevant check box: Agent Broker Company Individual Other
43	Identities of other persons involved	If any person/ account known to the reporting entity that is also involved or a part of this suspicious activity
44	Transaction date	Date at which suspicious transaction took place.
45	Transaction Amount	Transaction amount
46	Suspicious Transactions	Date wise description of the suspicious transaction(s) carried out along with amount of each transaction. e.g. Date                      Amount                      Description 13-May-2009              4.0 million                      Fake cheque given

Seq	Field Name	Description
47	Reason for suspicion	Specify the reason for suspicion here. Should be a good narrative to explain the whole suspicious activity or reason for reporting that activity.
48	Suspected Predicate Offence (Transaction Characterization)	What can be the underlying offence of the suspicious activity; can be any one or more of the predicate offence scheduled under the AML Act 2010 if not known the reporting entity should leave it blank.
49	Has transaction reported to any Law enforcement agency name	Specify LEA where the transaction has already been reported. The LEAs can be  Anti Narcotics Force (ANF) National Accountability Bureau (NAB) Federal Investigation Agency (FIA) Police (POL) Others  Kindly provide your correspondence along with your comments on the referral to relevant LEA as well.
50	Affected Account	Provide account number(s)/ relationship ID of the reported individual.
51	Affected Account's Opening date	Account/Relationship Opening Date (s).
52	Current status of affected account	Current Status of the account/relationship to be provided, which can be:  Active Inactive closed
53	Purpose of affected account	Purpose for which the account(s)/relationship established.
54	Average monthly turnover of account	Average monthly turnover in the account(s)/relationship reported.
55	Aggregate Debit in affected account during last 3 yrs.	Aggregate Debit in the account(s)/ relationship reported during last 3 yrs.
	Aggregate Credit in affected account during last 3 yrs.	Aggregate Credit in the account(s)/ relationship reported during last 3 yrs.
56	Peak balance in affected account during last 3 yrs.	Peak balance in the account(s)/ relationship reported during last 3 yrs.

Seq	Field Name	Description
57	Nature of affected account	Nature of the account(s)/ relationship reported: Company Individual Partnership Trust Other
58	Transaction Method	Transaction mean methods used for conducting the suspicious transactions/ activity, which can be: Cash Cheque Credit Card Debit Card Deposit Draft Fixed Deposit LC Online Transfer Payment Order Remittance Transfer Other (if none of the above, specify here the detail)
59	Copies of Attached Documents	Copies of attached documents to be marked. The attached documents may include: Account/relationship form Other documents taken at the time of account opening Relevant docs supporting STR.
60	Other Relevant Information	Any other relevant information about the STR which may include any action taken by the reporting entity.