Suspicious Transaction Report

[See regulation 4(2)]

(Check appropriate box)

1) Date ____ / ____ / _____ dd/mm/yyyy

2) ☐ Initial Report ☐ Corrected Report ☐ Supplemental Report

Part I **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)

Part II **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 ☐ Partnership ☐ Company ☐ Trust

☐ other (please specify) _____

58) Transaction Mean / Method

☐ Cash ☐ Cheque ☐ Remittance ☐ Pay Order

☐ Credit Card ☐ Debit ☐ Deposits ☐ Fixed Deposit

☐ Draft ☐ Transfer ☐ LC ☐ Transfer

☐ Other (Please specify) _____

59) Copies of Following Documents are attached :

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

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

(Seal & Signature of Reporting Officer)