

## SUSPICIOUS TRANSACTION REPORT

In accordance with Article 7 of Administrative Regulation No. 7/2006, reporting entity is obliged to report suspicious transaction within 2 working days to Office of Financial Intelligence (Portuguese acronym "GIF"), and it is stipulated in Article 9 that non-compliance with the duties established in this administrative regulation constitutes an administrative offence, and is subject to penalty.

Please take note of the followings prior to completing the Suspicious Transaction Report ("STR"):

- **Provide** a clear and concise description to the STR, and **state** all available information.
- **Document** in detail why the transaction is considered extraordinary, irregular or suspicious.
- **Provide** supporting document where is necessary to explain the STR.
- **Indicate** if the potential violation is an initial report or if it relates to a previous transaction or transactions reported.
- **Complete** this STR in Block letters.
- **Take** reference to the explanatory notes below when completing the STR.
- After completion, please **send** this report to the Office of Financial Intelligence.

Temporary Address: Av. Sidónio Pais, N.º 1-B, Edif. Tung Hei Kuok, R/C, Macau (at Macau Institute of Financial Services)

Contact Telephone Number: 2852 3666

(This box is to be completed by GIF)

Reporting Entity Reference Number: \_\_\_\_\_

STR Reference Number: \_\_\_\_\_ / \_\_\_\_\_

1. Reporting Date and Sequence  
Number:

/   /   N<sup>o</sup>  
  
 yyyy / mm / dd

2. Type of Report:

(Please ✓ to select)

- a.  Initial Report  
 b.  Amendment Report  
 c.  Supplementary Report

} Previous STR Ref. Number: \_\_\_\_\_ / \_\_\_\_\_  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_

Total Number of Document submitted: \_\_\_\_\_ pages

(Main Form 4 pages,  
 Supplementary Form A \_\_\_\_\_ pages,  
 Supplementary Form B \_\_\_\_\_ pages,  
 Attachment \_\_\_\_\_ pages,  
 Other Document \_\_\_\_\_ pages)

### Section Explanatory Notes

1. **Reporting Date and Sequence Number** is comprised of the date of submitting the STR and the Sequential Number of STR submitted on the same day, eg. 2006/11/01 N<sup>o</sup> 3 means the 3<sup>rd</sup> report submitted on 1<sup>st</sup> November 2006. This reference number is for temporary identification purpose. GIF will assign a unique STR Reference Number for each reported case, and inform reporting entity in writing. Thereafter, the STR Reference Number **must** be quoted when submitting Amendment or Supplementary Report.
- 2a. **Initial Report** refers to a first time reporting of a person/organization conducting a suspicious transaction. If this person/organization has been involved in a previously reported case, a **Supplementary Report** should be filed and previous STR Reference Number is required.
- 2b. **Amendment Report** refers to amendments made to previously submitted STR. Please state the previous STR Reference Number. Type of Amendment includes **Partial Amendment, Replacement, and Cancellation of STR**. Please state this clearly in Remarks. For Partial Amendment, only the related part is to be completed. Replacement is applicable where the whole set of submitted STR is to be replaced due to significant amendment, but the STR Reference Number remains unchanged. For Cancellation of an STR, a reason must be stated.
- 2c. **Supplementary Report** refers to additional information provided to a previously submitted STR, such as recently discovered information or additional person/organization suspected to be involved in the same transaction, or new transactions related to a previously reported object/person, etc. Only the part with supplementary information provided is to be completed.
6. **Supervisory Authorities** are the competent public department or professional body governing the activities of certain reporting entities. Reporting entities should match themselves with their supervisory authority.
9. **Person/Organization conducting suspicious transactions** should be classified either as Individual or Corporation/Organization. Corporation is also known as commercial establishment such as proprietorship/partnership/companies whilst Organization is usually set up for specific non-commercial purposes.

**NOTE:** Please keep a copy of this document, and the following items, for a period of five years:

- All the support documentation, including oral or written reports made by the reporting entities.
- Explanation to this report provided by any other person(s), the identification of such persons(s) and date of the explanation given.









**A09.** Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 Mobile Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**A10.** Type of Relationship with the reporting entity: (Please fill in the appropriate number in the box)

(1) \_New Client (2) Existing Client (3) Supplier  
 (4) \_Gaming Promoter (5) Insurance Agent  
 (6) Employee (please indicate the position held: \_\_\_\_\_)  
 (9) Others: \_\_\_\_\_

**A11.** Is relationship still maintained with the person reported? (Please fill in the appropriate number in the box)

(2) Yes  
 (4) No. Please specify reason. (Please fill in the appropriate number in the box)

1) Cessation of commercial relationship  
 2) Dismissed  
 9) Others: \_\_\_\_\_

**A12.** Date of termination of relationship (where applicable):  /  /

(yyyy / mm / dd)

**Other information to be filled in only by entities supervised by AMCM (Section A13-A15)**

**A13. Related Accounts**

(To be filled in by Financial Institution only. Provide more information in the Attached Blank Form where necessary.)

	Account (1)	Account (2)
Account Number		
Account Type		
Account Opening Date (yyyy/mm/dd)		
Account Balance (Currency & Amount as of Reporting Date)		
Account Holder's Name		
	Account (3)	Account (4)
Account Number		
Account Type		
Account Opening Date (yyyy/mm/dd)		
Account Balance (Currency & Amount as of Reporting Date)		
Account Holder's Name		

**A14. Related Insurance Policies**

(To be filled in by Insurance Company / Insurance Intermediary only. Provide more information in the Attached Blank Form where necessary.)

	Policy (1)	Policy (2)	Policy (3)
Policy Number			
Class/Type of Insurance Policy			
Policy Date (yyyy/mm/dd)			
Sum Insured (Currency & Amount)			
Insured's Name			
Policy Owner's Name (if different from Insured)			
Beneficiary's Name (if any)			

**A15. Related Pension Plans**

(To be filled in by Pension Fund Manager only. Provide more information in the Attached Blank Form where necessary.)

	Pension Plan (1)	Pension Plan (2)	Pension Plan (3)
Pension Plan Number			
Type of Pension Plan			
Plan Effective Date (yyyy/mm/dd)			
Contribution (Currency & Amount)			
Plan Member's Name			
Beneficiary's Name (if any)			





