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: 28	<u>852 3666</u>	
(This box is to be completed by GIF)	Reporti	ing Entity Reference Number://
1. Reporting Date and Sequence Number:	$\begin{array}{c c} \hline & \hline & \\ & \\$	
2. Type of Report: (Please ✓ to select)  a. ☐ Initial Report b. ☐ Amendment Report c. ☐ Supplementary Report	Previous STR Ref. Number:/	Total Number of Document submitted:pages  (Main Form4_ pages, Supplementary Form A pages, Supplementary Form Bpages, Attachmentpages, 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° 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 <u>must</u> 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.

	PART I – INFORMATION OF REPORTING ENTITY																												
Re	Full Name or Business Registered Name:  (in Chinese ):																												
	ll Address:																												-
Busines  Ol Crec  Ol Othe  Ol Offs  Ol Insu  Fund  Ol Insu  Ol Mor  Ol Casl  Ol Gar  and  Ol Lott  Lott  Lott  Lott  Dariales	dit Institution er Financial Instit hore Financial Instit hore Financial In rance Company/I d Manager rance Intermedian tey Changer n Remittance Com tes of fortune (eg slot machines ver teries (eg. Chinese teries) -Mutuel (eg. Spor tering, horse, grey	nution estitution Pension ry mpany . casina nue) e	on n	122 133 144 155 166 177 188 199 200 211 222 233 244 255	Pav Wie Ann Rea Au Lav Log No Reg Acc Tav	wn S atch/, tique al Es al Es tomo wyer gal R	hop Jew Sh tate tate bbil epr tan nsu ercia	velry nop e Agg e De e De t/Au t/Au tltant al Se	ent velop ealer ntativ	per ve O r	ovid		I	(1) 2) 3) 4) 5) 6) 7) 8)  f co	Manager Manage	on to on the control of the control	tary Electronic Electr	ry Au t an a y Au conc linspe fairs frade awy penc plina chose the tensor the	thoromic ectic ect	opria ity of Ser	e sp	Iaca es Coor ment ion ssio ecif	dina t Pro	or the	n B  otio	n In xero	stitu ssine	of ess.	_
7. Te	lephone Number: (	er: ()		Entity	y (Co	ontac	t Pe	erson	n sho	uld l	oe th	ne Co	omp	lian	ace C	<b>o</b> ffic	eri	if ava											-

PART II – INFORMATION	OF THI	E SUSPICIOUS TRANSACTION
9. Number of Entity(ies) being reported:		
(1) Total number of Individual(s):		(Please complete one <b>Supplementary Form A</b> for each individual)
(2) Total number of Corporation(s)/Organization(s):		(Please complete one <b>Supplementary Form B</b> for each corporation/ Organization)
<ul> <li>10. Type of Suspicious Transaction (✓ more than one</li> <li>a. ☐ Currency exchange / cash conversion</li> <li>b. ☐ Remittance</li> <li>c. ☐ Underground banking / alternative remittance services</li> <li>d. ☐ Pawn shop transaction</li> <li>e. ☐ Investment in capital markets</li> <li>f. ☐ Use of foreign bank accounts</li> <li>g. ☐ Use of offshore banks and corporations</li> <li>h. ☐ Use of shell companies / corporations</li> </ul>	i.	Bank account opening / Cash deposit / Cheque deposit / Cheque issuing / Letter of Credit, etc.  Gaming activity (casinos, slot machines venues, lotteries, parimutuel, games of fortune promoters)  Insurance Transaction (Lump sum insurance / change of beneficiary / termination of insurance policy etc.)  Purchase of portable valuable commodities (gems, precious metals, antiques etc.)  Purchase of valuable assets (real estate, vehicles, yacht etc.)  Purchase of goods  Use of professional services (lawyers, solicitors, notaries, registrars, accountants, auditors and tax advisers etc.)  Others (Please specify)
<ul><li>11. Is the above transaction completed via Internet?</li><li>12. Date/Period of Suspicious Transaction(s): from</li></ul>		in the appropriate number in the box) (2) Yes (4) No  /
13. Number of Suspicious Transaction(s) involved: (Only for transactions relevant to the present STR)		
		f. USD g. CAD h. AUD i. NZD j. Others
		(Please state:)
15. Country/Region of Origin of Suspected Funds: Country/Region of Destination of Suspected Funds: (One or more countries can be stated in Country of Origin/	unds:	
<b>16.</b> Payment Method (Please ✓ in the appropriate box, more a. ☐ Cash b. ☐ Ch	e than one bo	ox can be selected if necessary.)  c. Remittance
d. Cashier Order e. Cro	edit Card	f. Traveler's Cheque
g. Draft h. De	ebit Card	i. Letter of Credit
j. Account Transfer k. Oth	ners (pleas	se specify)

	Details of transaction and reason of suspicion: (Provide details in attached blank sheet if necessary)								
_									
_									
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_									
8. Signature of Contact Person of Reporting Entity:									
•	Date:								

Please complete Form B for each **Corporation/Organization** being reported.

(Person conducting suspicious transactions)													
Reporting Entity may photocopy this Supplementary Form A to report additional Person(s) in relation to the present STR.  This box is to be completed by GIF)  Reference Number of Individual being Reported:													
(This box is to be completed by GIF)		]	Reference	e Nur									
					STI	R Re	ferei	nce N	Numb	er:		_ / _	
A01. Name of Person being reported: (If possible, please give information in accordance with Identification document and prove photocopy, where applicable)													rovide
First Name													
Middle Name (if any)													
Last Name													
Name in Chinese:													_
Alias (if any):													
A02. Gender: (1) Ma (Please fill in the appropriate number in the box) (3) Fer				Plac	e(s) c	of Re	eside	ence	e: (can	nam	e mor		n one)
<b>A03.</b> Date of Birth: yyyy / mm / d	d		(3)										
A04. Nationality:		reported one mon	Permane is domici th during	ent Re led. F the sa	sidence for tho	e is t se w	the p ho ha	lace ave s place	where tayed es of r	the povers	person seas fo nce sh	or mo	re than also be
stated. Please provide more information in the Attached Blank Form necessary.)													
<b>A07.</b> Identification Document (Please select one or more I.D. Document and provide photocopies if possible):													
<b>A07.</b> Identification Document (Please select of	ne or more I	.D. Docur	nent and	prov	ide pl	oto	copi	es if	poss	ible)	):		
A07. Identification Document (Please select of Type and Number of I.D. Document	Place/ Province	.D. Docur	Date o	of Issu	<u>ie</u>	noto	copi	es if		Val	id Un		)
	Place/	.D. Docur	Date o	of Issu	<u>ie</u>	noto	copi	es if		Val	id Un		). / []]
Type and Number of I.D. Document  a. Macao Identity Card	Place/ Province of Issue		Date o	of Issu	<u>ie</u>	noto	copi	es if		Val	id Un		) '
Type and Number of I.D. Document	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>	noto	copi	es if		Val	id Un		′
a. Macao Identity Card b. Hong Kong Identity Card	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>	noto	copi	es if		Val	id Un		′
Type and Number of I.D. Document  a. Macao Identity Card	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>	noto	Copi	es if		Val	id Un		
a. Macao Identity Card b. Hong Kong Identity Card c. PRC Identity Card	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>		Copi	es if		Val	id Un		
a. Macao Identity Card b. Hong Kong Identity Card c. PRC Identity Card	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>		copi			Val	id Un		) (
a. Macao Identity Card b. Hong Kong Identity Card c. PRC Identity Card	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>		copi			Val	id Un		
a. Macao Identity Card b. Hong Kong Identity Card c. PRC Identity Card d. Passport e. Traveling Permit	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>		copi			Val	id Un		
Type and Number of I.D. Document  a. Macao Identity Card  b. Hong Kong Identity Card  c. PRC Identity Card  d. Passport	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>		Copi			Val	id Un		
a. Macao Identity Card b. Hong Kong Identity Card c. PRC Identity Card d. Passport e. Traveling Permit	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>		copi			Val	id Un		
a. Macao Identity Card b. Hong Kong Identity Card c. PRC Identity Card d. Passport e. Traveling Permit	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>		copi			Val	id Un		
Type and Number of I.D. Document  a. Macao Identity Card  b. Hong Kong Identity Card  c. PRC Identity Card  d. Passport  e. Traveling Permit  f. Others:	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>		copi			Val	id Un		
Type and Number of I.D. Document  a. Macao Identity Card b. Hong Kong Identity Card c. PRC Identity Card d. Passport e. Traveling Permit f. Others:  A08. Address of Person being reported	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>		Copi			Val	id Un		
Type and Number of I.D. Document  a. Macao Identity Card b. Hong Kong Identity Card c. PRC Identity Card d. Passport e. Traveling Permit f. Others:  A08. Address of Person being reported	Place/ Province of Issue Not Applicable		Date o	of Issu	<u>ie</u>		Copi			Val	id Un		

<b>A09.</b> Contact Phone Number: (	) _		Fax Number: ()					
Mobile Phone Number: (	)		E-mail Address:					
<b>A10.</b> Type of Relationship with the reporting entity: (Please fill in the appropriate number in the box)								
<ul><li>(1) _New Client</li><li>(4) _Gaming Promoter</li><li>(6) Employee (please indicate)</li><li>(9) Others:</li></ul>	the posi	(2) Existin (5) Insurar tion held:	nce Agent	Supplier				
A11. Is relationship still maintain (2) Yes (4) No. Please specify reaso 1) Cessation of 2) Dismissed 9) Others:	n. (Plea comme	se fill in the appropriate number		aber in the box)				
A12. Date of termination of relat (where applicable):	ionship		(yyyy / mm / dd)					
Other information to l	be fille	ed in only by entities	supervised by AMCM	(Section A13-A15)				
A13. Related Accounts								
(To be filled in by Financial Institution	only. Pr	ovide more information in the Account (		Account (2)				
Account Number		/ recount (		Account (2)				
Account Type								
Account Opening Date (yyyy/mi								
Account Balance (Currency & Ar as of Reporting Date)	nount							
Account Holder's Name								
		Account (	3)	Account (4)				
Account Number								
Account Type								
Account Opening Date (yyyy/mi	m/dd)							
Account Balance (Currency & Ar as of Reporting Date)	nount							
Account Holder's Name								
A14. Related Insurance Policie	S	ı	·					
(To be filled in by <i>Insurance Company</i>		nce Intermediary only. Provide	e more information in the Attach	ned 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 Mana)	oer only	Provide more information in	the Attached Blank Form where	necessary )				
(10 be fined in by 1 chasen 1 and manage	Ser only	Pension Plan (1)	Pension Plan (2)	Pension Plan (3)				
Pension Plan Number			101131111111111111111111111111111111111	20101111111(0)				
Type of Pension Plan								
Plan Effective Date (yyyy/mm/dd)								
Contribution (Currency & Amount	)							
Plan Member's Name								
Beneficiary's Name (if any)								

(Corporation/Organization conducting suspicious transactions)																										
Reporting Entity may photocopy this Supplementary Form B to report additional Corporation/Organization(s) in relation to the present STR.																										
(This box is to be completed by GIF)  Reference Number of Entity being Reported:																										
STR Reference Number:/																										
	B01. Nature of Entity being reported (Please fill in the appropriate number in the box):  (1) Corporation/Company  (3) Organization																									
B02. Registered Name	B02. Registered Name of Local Company / Organization  (Registered Name should be referred to Incorporation Document of the Entity. Provide copy of Incorporation Document if possible.)																									
In Portuguese:													0 11		эру (	,,,,,,	1001	5014	cron	Вос	um		r pos	STOTE.		
ili Fortuguese.	In Portuguese:																									
In English: (if applicable)																										
In Chinese:	In Chinese:																									
(Since Incorporatio	Registered Name of Foreign Entity / Organization (Since Incorporation document or certificate may not be available, reporting entity should request for an accurate name by reference to objective evidence source. Provide copy of evidence if possible.)																									
B03. Date of Incorporation:    B04. Place of Incorporation:																										
B05. For Local Co	805. For Local Corporation/Company B06. For Local Organization																									
Company Registr	Company Registration Number: Registration Number:																									
Tax File Number (Required only if 0		ny R	egistra	tion I	Numbe	er is r	not a	avail	 able	)																
B07. Name of Key represent the co	ompany	and	act on																							
										Tyr									1	Num	ber					
Legal Representativ	/e:											_	Ļ	<u> </u>		<u> </u>	<u> </u>		<u> </u>			Ļ	<u> </u>			
Major Shareholder:												_	L									Ļ				
Major Shareholder:												_														
Major Shareholder:												_														
Director:								_				_										L				
Director:								_				_														
B08. Type of Business or Nature of Activities:																										
<b>B09.</b> Related Companies (if any):																										
	(Including companies of which the entity being reported has direct/indirect ownership or significant control. Provide more information in the Attached Blank Form where necessary.)																									

<b>B10.</b> Address of E	ntity	bei	ng r	epo	rte	d																								
Address:	Address:																													
Address.																	H	+						+			_			
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(In Chinese):																														
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B11. Contact Phon	B11. Contact Phone Number: ()       Fax Number: ()         Mobile Phone Number: ()       E-mail Address:												-																	
Mobile Phon (Legal Represer			er: (		)								_ E	t-m	nail <i>i</i>	Add	ire	SS:												-
																							$\overline{}$							
B12. Type of Relat (1) _New Client (4) Insurance B		•				•	·		•	(2	)	e fill Exis Othe	ting	Cli	ient						(3)	S	upp	lie	er					
D12 1 1 1 1 1	11				,	*.1	.1																							
<b>B13.</b> Is relationship (2) Yes	o stiii	ma	ainta	aine	a v	vitn	tne	en	itity i	repo	ort	ea (P	lease	2 111	ll in th	ne ap	pr	oprı	ate	nur	nbe	r in	the I	оох	() L					
(4) No (Pleas	se spe	cify	y rea	son:															)											
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<b>B14.</b> Date of termin	natio	n o	f rel	atio	nsl	nip					L				J ´ L		_	Ĺ												
(where applical	ole):												()	ууу	/y / m	ım /	dd	.)												
Other info	rma	tio	n to	o bo	e fi	ille	d in	01	nly l	by e	en	titie	es su	ıp	ervi	sed	l b	y A	4N	10	CM	(5	Sect	tio	n l	B15	- <b>B</b> 1	17)		
B15. Related Acco						_											_													
(To be filled in by Fir	nancial	l Ins	stituti	on o	nly.	Pro	vide	moı	re info		•••••	on in the		·····	hed E	3Iani	k F	orm	wh	ere	nec	cess				nt (2				
Account Number										P	CC	Jouin	ι (1)	)				-					A		ou	III (2				
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Account Type  Account Opening	Date	e. (v	/ /VVV/	/mm/	/dd`	,				··-···				<b>.</b>																
Account Balance																														
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Account Holder's	s Nar	ne																												
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B16. Related Insu					_																									
(To be filled in by Ins	uranc	e Co	отра	ny/.	Insi	uran				·	ıly.	. Prov	ide r	nor						At	tach	ied	Blan	k I					sary	7.)
Policy Number							P	)110	ey (1	<u>)                                    </u>			ļ		1	Poli	су	(2	)							Poli	су (	(3)		
Class/Type of Insur	rance	Pol	licv										ļ																	
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Insured's Name													ļ																	
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B17. Related Pens																														
(To be filled in by Per				ınage	r o	nly.	Provi	ide	more	info	rm	ation	in th	e A	ttach	ed B	lan	k F	orm	wl	nere	neo	cessa	ıry.	.)					
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Pension Plan Num	ber																						\$							
Type of Pension P																														
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Plan Member's Na						ļ																	ऻ-							
Beneficiary's Nan	ie (if	any	')			1																								

(Attachment)

(This box is to be completed by GIF)	Reporting Entity Reference Number:
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	STR Reference Number:/
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