



**Terrorist Property Report**  
(Anti-Terrorism Act Cap 4.02)

Submit this form when completed to the Director of Financial Intelligence Unit (FIU), P O Box 1822, 2<sup>nd</sup> Floor, Ministry Finance Bldg., Golden Rock, St. Kitts. Tel: 869-466-3451 or 467-1815; Fax: 869-466-4945; Email: sknfiu@govt.kn

Financial Institutions should use this form to make Terrorist Property Reports as required by Section 20 (4) of the Anti-Terrorism Act Cap 4.02.

**PART A – Financial Institution making report**

Name .....

1. Street Address.....

2. City ..... Country.....

3. Type of financial institution (*tick*)

**Bank**  **Insurance**

**Other** (state type) .....

Tel: ..... Fax: ..... Email: .....

**PART B – Details of Report**

4. **This is a:** (*tick*)

**A**  Report of terrorist property required to be **made every 3 months** by a financial institution, pursuant to Section 20 (4) (a) and (5) of the Anti-Terrorism Act Cap 4.02.

The financial institution named in Part A above **IS NOT** in possession or control of property owned or controlled by or on behalf of a terrorist or terrorist group.

**Reporting Period 20**

**January-March**  **April-June**  **July-September**  **October-December**

**B**  Report of terrorist property required to be **made forthwith** by a financial institution, pursuant to Section 20 (4) (b) of the Anti-Terrorism Act Cap 4.02.

The financial institution named in Part A above **IS** in possession or control of property owned or controlled by or on behalf of a terrorist or terrorist group. A full report is attached.

5. Identification of Compliance Officer or authorized officer submitting this report:

Name: (*Print*) .....

Position: .....

6. Declaration:

**I declare the information contained in this report to be correct to the best of my knowledge, information and belief.**

Signature: ..... Date: .....