SUSPICIOUS TRANSACTION REPORT

(In	accord	lance	with	the	Proceed	ls of	Crime A	Act 2	2000	I)
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Name and address of institution	:		
Sort code: ML, FT or ML	/FT (indicate)		
STRICTLY PRIVATE AND	CONFIDENTIA	L	
Your ref:	Our ref:	Date:	
The St. Kitts & Nevis Financia P.O. Box 1822, 2 nd Floor, Ministry Finance B Golden Rock, Basseterre, St. Kitts	<u> </u>	nit,	
Telephone: 1 869 466 3451 Email:sknfiu@govt.kn	Facsimile: 1 869 466 4945		
Category: (for official use only)			
Subject's full name (s)			
Address			
Telephone	ŋ	Геlephone	
(home)		(work)	
Occupation]	Employer	
Date (s) of birth			
Account/product number			

Date account/product opened

Other relevant information (please include details of identification and/or references taken, associated parties, addresses, telephone numbers, etc.)

		Part V
Reasons for suspicion		
•		
Contact name	Telephone	
Signed		

When submitting this report, please append any additional material that you may consider suitable and which may be of assistance to the recipient, i.e. bank statements, vouchers, international transfers, inter-account transfers, telegraphic transfers, details of associated accounts and products etc.

Notes:

- 1. Please complete a separate form in respect of each verification subject.
- 2. If you have any questions regarding the completion of this form please contact the FIU.