



**United Republic of Tanzania
FINANCIAL INTELLIGENCE UNIT**

SUSPICIOUS TRANSACTION REPORT

Pursuant to Section 17 of the Anti Money Laundering Act, Cap. 423 of 2006

STR No. _____ (For official use)

INSTRUCTIONS

- This form should be read together with “*Instructions for Completing and Submitting Suspicious Transaction Reports to the Financial Intelligence Unit*”, which can also be found on the FIU website at <http://www.fiu.go.tz>
- Fields with asterisks (*) must be filled
- For all other fields, effort must be made to supply the required information
- You may attach to this report, copies of any supporting documentation
- Send the completed form to the Financial Intelligence Unit (FIU) using any of the three means:

i. Hand delivery to: Commissioner Financial Intelligence Unit Annex Building of the Treasury, 3 rd Floor Ministry of Finance Madaraka/Shaabab Robert Street Dar es salaam	ii. Registered mail to: Commissioner Financial Intelligence Unit Shaaban Robert Street P. O. Box 5145 Dar es salaam	iii. Fax to: Commissioner Financial Intelligence Unit	iv. Online at http://www.fiu.go.tz
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- This report is strictly confidential.

PART I

Details of the Institution and Officer Submitting the Report

1. Reporting Person:

1.1. Name of Reporting Person (*) _____

1.2. Which of the following best describes the reporting person? (*)

- | | |
|---|---|
| <ul style="list-style-type: none"> a. Bank or financial institution <input type="checkbox"/> b. Regulator <input type="checkbox"/> c. Cash dealer <input type="checkbox"/> d. Accountancy/Audit firm <input type="checkbox"/> e. Real estate agent <input type="checkbox"/> f. Gaming activities <input type="checkbox"/> g. Auctioneer <input type="checkbox"/> | <ul style="list-style-type: none"> h. Dealer in precious stones or metals <input type="checkbox"/> i. Customs office <input type="checkbox"/> j. Attorney <input type="checkbox"/> k. Securities dealer/broker <input type="checkbox"/> l. Insurance registrant regulated by TIRA <input type="checkbox"/> m. Bureau de change <input type="checkbox"/> n. Other (please specify) _____ <input type="checkbox"/> |
|---|---|

1.3. Address: P. O. Box _____ **Street** _____ **City/Town/Village (*)** _____

2. Reporting Officer:

2.1. Name (*): Surname _____ **Other Names** _____

2.2. FIU No. (if provided) _____ **2.3. Phone** _____

2.4. Mobile _____ **2.5. Fax** _____

2.6. Email _____

2.7. Signature (*) _____

2.8. Date: (*) ____ / ____ / ____
 DD MMM YYYY

PART II**Details of the Person/Institution being Reported**

(Use additional copies of this part (PART II) in case of more than one person or institution)

3. Reported Entity:

3.1. Name of Reported Entity (*) _____

3.2. Identification (*): Business Registration No. _____ TIN No. _____

Other Identification (please specify) _____

3.3. Date of Incorporation ____ / ____ / ____ 3.4. Type of Business _____
DD MMM YYYY

3.5. Address: P. O. Box _____ Street _____

City/Town/Village (*) _____ Country (*) _____

3.6. Phone _____ 3.7. Mobile _____

3.8. Fax _____

3.9. Email _____

4. Reported Individual:

4.1. Name (*): Surname _____

Other Names _____

4.2. Date of Birth ____ / ____ / ____
DD MMM YYYY4.3. Gender(*): Male Female

4.4. Occupation _____

4.5. Nationality _____ 4.6. Country of Residence _____

4.7. Identification (*): Voter Registration No. _____ Birth Certificate No. _____

Passport No. _____ National ID No _____

Driver's License No. _____ TIN No. _____

Other Identification (please specify) _____

4.8. Address: P. O. Box _____ Street _____ District _____

City/Town/Village (*) _____ Country (*) _____

4.9. Phone _____ 4.10. Mobile _____

4.11. Fax _____

4.12. Email _____

PART III**Suspicious Transaction Details**

(Use additional copies of this part (PART III) in case of more than one transaction)

5. Bank Account Involved in Transaction:

5.1. Account No. (*): _____ 5.2. Type of Account _____

5.3. Account Branch _____ 5.4. Account Status _____

5.5. Name(s) of Account Holder(s) (*) _____
_____5.6. Opening Date ____ / ____ / ____
DD MMM YYYY6. Transaction/Activity Date (*) ____ / ____ / ____
DD MMM YYYY

7. Branch where transaction was conducted _____

8. Funds Involved:

8.1. Amount (TZS) _____

8.2. Foreign Currency: (Symbol) _____ Amount _____ Equivalent in TZS _____

9. Purpose of Transaction(*) _____

10. Mode of Transaction

- | | | | | | |
|------------------------------|--------------------------|----------------------|--------------------------|---------------------------------|--------------------------|
| a. Cash | <input type="checkbox"/> | d. Cheque | <input type="checkbox"/> | g. Bank Draft | <input type="checkbox"/> |
| b. Electronic Funds Transfer | <input type="checkbox"/> | e. Currency Exchange | <input type="checkbox"/> | h. Securities | <input type="checkbox"/> |
| c. Insurance Policy | <input type="checkbox"/> | f. Money Order | <input type="checkbox"/> | i. Other (please specify) _____ | |
-
- _____

11. Name(s) of Recipient(s)/Beneficiaries _____

_____12. Grounds for Suspicion _____

13. Description of Suspicious Transaction (Give a detailed account. Use additional pages if necessary). Wherever possible, please include in your account/details:

- Any useful information that could not be accommodated so far in the report fields
- Any relationships that exist between reported individuals/entities
- The names of any other institutions or branches or persons involved in the transaction
- Any other bank account(s), including accounts at other institutions, that may be involved in the transaction
- Sources of funds
- Any remarks, comments or explanations which persons involved in the transaction may have made or provided
- Any previous activity in the preceding six months which were considered for reporting in connection with the account, whether the activity was reported or not
- Any previous reports made in connection with the account
- Action taken so far