

Cook  
Islands  
Financial  
Intelligence  
Unit



**CASH  
TRANSACTION  
REPORT (CTR)  
\$10,000 NZD OR  
MORE**

Please complete in **INK**  
and in **CAPITAL LETTERS**

Reporting of cash transactions of \$10,000 NZD or more is required by law under Section 45 of the Financial Transactions Reporting Act 2017. Penalties exist for failure to report or to supply full and correct information.

**PART A - IDENTITY OF PERSON CONDUCTING**

**1 Full name (title, given names and surname)**

\_\_\_\_\_  
\_\_\_\_\_

Also known as: \_\_\_\_\_

**2 Date of birth:**

\_\_\_\_\_

**3 Country of birth:**

\_\_\_\_\_

**4 Occupation, business or principal activity**

\_\_\_\_\_

**5 Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**6 Residential address (cannot be a PO Box)**

\_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**7 NON RESIDENT - Cook Islands contact address**

\_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**8 Give details if this person is a signatory to account affected by this transaction**

Account Title/Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Branch: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**9 How was the identity of this person confirmed?**

ID Type: \_\_\_\_\_

ID Number: \_\_\_\_\_

Issuer: \_\_\_\_\_

**10 Is a photocopy of ID document/s attached?**

Yes

No

If more than one person involved please provide same details contained in Sections 1 - 11 for each person, where appropriate, and attach.

**PART B - DETAILS OF PERSON/ORGANISATION ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED (if applicable)**

**11 Full name of person/organization**

\_\_\_\_\_

**12 Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**13 Occupation, business or principal activity**

\_\_\_\_\_

**14 Give details if this person is a signatory to account affected by this transaction**

Account Title/Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Branch: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**PART C - DETAILS OF THE TRANSACTION**

**15 Date of transaction**

DAY MONTH YEAR

**16 Total amount of this transaction (include cash and any other components of the transaction - if a foreign currency is involved, convert the amount to New Zealand dollars)**

**NZ\$** \_\_\_\_\_

**17 If a foreign currency was involved in this transaction, specify:**

Foreign Currency \_\_\_\_\_

Foreign Currency Amount \_\_\_\_\_

**18 Cash paid IN**

**19 Cash paid OUT**