

Cook  
Islands  
Financial  
Intelligence  
Unit



## SUSPICIOUS ACTIVITY REPORT (SAR)

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

Reporting of suspicious activity is required by law under sections 47, 48 and 49 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:

\_\_\_\_\_  
Day/Month/Year

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

\_\_\_\_\_

COOK ISLANDS 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/organisation

\_\_\_\_\_

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 Type of transaction (eg deposit)

\_\_\_\_\_

16 Date of transaction

DAY MONTH YEAR

17 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\$** \_\_\_\_\_

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

Foreign Currency \_\_\_\_\_  
(eg Hong Kong Dollars)

Foreign Currency Amount \_\_\_\_\_  
(eg HKD\$400,000)

19 If a cheque / bank draft / money order / telegraphic transfer / transfer of currency or purchase or sale of any security was involved in this transaction, please specify:

Drawer/Ordering Customer: \_\_\_\_\_

Payee/Favouree/Beneficiary: \_\_\_\_\_

**20 If another financial institution was involved in this transaction, please specify:**  
 Name of financial institution: \_\_\_\_\_  
 \_\_\_\_\_  
 Branch: \_\_\_\_\_ Country: \_\_\_\_\_

**21 Give details of accounts of any OTHER person(s) / organisation(s) affected by this transaction**  
 Account title: \_\_\_\_\_  
 Account type: \_\_\_\_\_  
 Bank/Financial Institution: \_\_\_\_\_  
 Branch: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**PART D - DETAILS OF THE RECIPIENT**

**22 Full name of person/organisation**  
 \_\_\_\_\_  
 \_\_\_\_\_

**23 Business address (physical and PO Box)**  
 \_\_\_\_\_ PO Box: \_\_\_\_\_  
 \_\_\_\_\_  
 Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**24 Occupation, business or principal activity**  
 \_\_\_\_\_  
 \_\_\_\_\_

**25 Reason for transaction (eg payment for imports)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**26 Details of recipient account (if not already provided)**  
 Account Title/Name: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Branch: \_\_\_\_\_  
 Financial Institution: \_\_\_\_\_

**PART E - GROUNDS FOR SUSPICION**

**27 Give details of the nature and circumstances surrounding the transaction and the reason for suspicion. (If there is insufficient space, attach a separate sheet). PLEASE PRINT IN BLOCK LETTERS.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**28 Is additional information attached to this report?**  
 Yes  No   
 Please specify: \_\_\_\_\_

**PART F - REPORTING FINANCIAL INSTITUTION**

**29 Type of Financial Institution (eg bank)**  
 \_\_\_\_\_

**30 Name of Financial Institution**  
 \_\_\_\_\_

**31 Name of branch or office where transaction was conducted**  
 \_\_\_\_\_

**32 Business address (physical and PO Box)**  
 \_\_\_\_\_ PO Box: \_\_\_\_\_  
 \_\_\_\_\_  
 Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART G - FINANCIAL INSTITUTION'S STATEMENT**

**33 Details of authorised person:**  
 Given names and surname: \_\_\_\_\_  
 \_\_\_\_\_  
 Job title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**34 This statement is made pursuant to the requirement to report suspicious transactions under Cook Islands laws on the grounds detailed in Part E.**  
 Signature of authorised person:  
 Sign here \_\_\_\_\_  
 Date:       
 DAY MONTH YEAR

**35 Financial Institutions internal reference number (if applicable)**  
 \_\_\_\_\_

**Send completed forms to:**

<b>Head of FIU          PO Box 594          Rarotonga          COOK ISLANDS</b>	Financial Intelligence Unit Phone: (+682)29182 Fax: (+682)29183 email: intel@ciflu.gov.ck
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