

Electronic Suspicious Transaction Report

Reference:

Date: DD / MM / YYYY

Reasonable efforts must be made to get and fill out the requested information.

PART I Reporting Entity Information

1-a Name of reporting entity

b Type of reporting entity

2 Name of person completing this report

3 Job Title

4 Phone Number

5 E-mail

6 Name of the Head of AML Compliance Unit approving this report

7 Phone Number

8 E-mail

PART II Information on the Reported Natural Person

9 Last Name

10 First Name

11 Father's Name

12 Mother's Full Name

13-a Specify if known by another name

13-b Full name in Arabic characters (as per ID)

14 Date & Place of birth DD / MM / YYYY

15 Gender Male Female

16 Marital status

Single

Married

Name of Spouse : Last Name _____ First name _____

17 Type of Identification Form:

ID

Passport

Extract of civil status

ID Number _____

Passport no. _____

Register number _____

Register no. _____

Issuing Authority _____

Register place _____

Register place _____

Expiry date DD/ MM / YYYY

Nationality _____

Nationality _____

Nationality _____

Other _____

18 Other Nationalities **1** _____ **2** _____

19 Resident in Lebanon Yes No

20 Residential address in Lebanon

(1) _____

(2) _____

21 Phone Number in Lebanon

(1) _____

(2) _____

22 Residential address Overseas

(1) _____

(2) _____

23 Phone Number Overseas

(1) _____

(2) _____

24 Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Current Profession	26 Name of Employer
27 Last Profession for retired	
28 Business Address	29 Phone Number
30 Financial status	31 Source of funds
32 Purpose of the relationship with the reporting entity	
33 Is the natural person subject this report affiliated with your entity? a- <input type="checkbox"/> yes b- <input type="checkbox"/> No If "yes" fill fields 34 and 35	
34-a Specify last position if employed by your entity a- <input type="checkbox"/> Compliance Unit employee b- <input type="checkbox"/> Internal Audit employee c- <input type="checkbox"/> Transfer Section employee d- <input type="checkbox"/> Cashier e- <input type="checkbox"/> Check Section employee f- <input type="checkbox"/> Branch Manager g- <input type="checkbox"/> Senior Manager h- <input type="checkbox"/> Other _____	34-b Specify type of relationship if not employed by your entity a- <input type="checkbox"/> Board Member b- <input type="checkbox"/> Major Shareholder c- <input type="checkbox"/> Attorney d- <input type="checkbox"/> Other _____
35-a Provide the current status for the natural person mentioned in field 34: <input type="checkbox"/> Still employed/related <input type="checkbox"/> Suspended <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned	35-b Date of suspension, Termination, Resignation DD / MM / YYYY
PART III Information on the Reported Legal Person	
36 Name of Legal person	
37-a Type of Legal Person <input type="checkbox"/> Private Company _____ (Specify If SAL, SARL, Sole Proprietorship, Offshore, etc...) <input type="checkbox"/> Listed Company <input type="checkbox"/> Non-Government Organization (NGO) <input type="checkbox"/> Non-Profit Organization/ Charities <input type="checkbox"/> Government agency <input type="checkbox"/> Other _____	37-b Is the legal person subject of this report related to another legal person? a- <input type="checkbox"/> Yes b- <input type="checkbox"/> No _____ Specify the name of the related legal person and the type of relationship (Affiliate, subsidiary, holding, etc.)
38 Is the legal person subject of this report related to the reporting entity? a- <input type="checkbox"/> Yes b- <input type="checkbox"/> No If "yes", specify the nature of relationship a- <input type="checkbox"/> Subsidiary b- <input type="checkbox"/> Affiliate c- <input type="checkbox"/> Other Relationship _____	
39 Country of incorporation	40 Registration Place
41 Registration number	42 Registration Date DD / MM / YYYY
43 Address	44 Phone Number
45 Name of Director(s)	
46 Name of Authorized Signatory(ies)	
47-a Name of controlling shareholder / % of shares _____	47-b Names of main shareholders / % of shares _____ (E.g. :Main shareholders own 25% or more of shares in the company)
48 Name of Beneficial Right's Owner(s)	49 Name of legal representative(s)
50 Financial status (sales, profits,.....)	51 Source of funds
52 Expected Annual account turnover	53 Detailed activity
54 Purpose of the relationship with the reporting entity	

PART IV Additional Customer Due Diligence Measures

55 Were the following action(s) performed?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- 1- Clarification from the customer was obtained?
- 2- Documents justifying the operation were obtained?
- 3- A field-visit to the customer's work site took place?

Specify the reason if additional CDD measures mentioned in field 55 were not undertaken

Date of field- visit: DD / MM / YYYY

Add attachments (customer written statement, supporting document, reports, etc...)

PART V Information on the Reported Account

56 Account number

57 Specify the branch name where the account was opened

58 Account status a- Still open b- Closed c- Not opened d- Traceable

59 Date of opening the account DD / MM / YYYY

60 Date of closing the account DD / MM / YYYY

61 Current Consolidated balance of the account in LBP

62 Name of Proxy holder(s)

63 Name of Beneficial Right's Owner(s) (as per KYC Form):

- Same as accountholder
 Other (specify) _____

64 Name of Authorized Signatory(ies):

- Same as accountholder
 Other (specify) _____

65 Nature of the relationship with the reporting entity

PART VI Reported Account Activity

66 Range of reported account activity

From MM / DD / YYYY To MM / DD / YYYY

67 Approximate total amount of reported funds by type of transactions in LBP

	Cash	Transfers	Checks	Other	Total
Received					
Withdrawn					

Excel sheet must be attached with full details as per SIC Circular 11

PART VII Reported Transaction

68 Transaction Date & Status DD / MM / YYYY

Executed Attempted

69 Approximate amount of the reported transaction

Received _____ LBP
 Withdrawn _____ LBP

70 Type of the reported transaction

- | | |
|--|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Wire transfer via SWIFT | <input type="checkbox"/> Transfer of ownership of a financial instrument portfolio |
| <input type="checkbox"/> Check | <input type="checkbox"/> Currency exchange |
| <input type="checkbox"/> Hawala | <input type="checkbox"/> Purchase/sale of precious metals |
| <input type="checkbox"/> Money remittance | <input type="checkbox"/> Transaction at a specialized lending entity (comptoir) |
| <input type="checkbox"/> Credit card | <input type="checkbox"/> Other |

Relevant copies of checks, transfers and CTS must be attached

PART VIII-A**Indicators of Suspicion****71** Check one or more of the below indicators

- | | |
|--|--|
| <input type="checkbox"/> Exchange of big amounts of small denomination bills for large denomination bills (refining) of the same currency or of any other currency | <input type="checkbox"/> Receiving or cashing checks to the bearer issued abroad, or drawn to the order of a person but previously endorsed by persons other than the depositor; or receiving or cashing checks of different amounts that may be unrelated to commercial operations or are alleged to be resulting from gambling |
| <input type="checkbox"/> Large or recurrent foreign exchange operations (cambio), by using cash funds | <input type="checkbox"/> Cash deposits and/or bank transfers followed by direct and numerous withdrawals |
| <input type="checkbox"/> Certain movements in the customer's account such as making large or recurrent deposits unjustified by the customer's apparent activities | <input type="checkbox"/> The holding by the customer of several accounts unjustified by the nature of his activities, or the undertaking of numerous cash transfers between and through these accounts |
| <input type="checkbox"/> The operation of an account for the main purpose of transferring abroad, or receiving from abroad, sizeable amounts of money, when such operations are unjustified by the customer's activities | <input type="checkbox"/> The occurrence of cash deposits and/or bank transfers, while the customer's activities do not generate such a volume of funds |
| <input type="checkbox"/> Large or recurrent operations related to the customer's offshore activities, and which appear to be inconsistent with the volume of the customer's activities | <input type="checkbox"/> Depositing bank /Traveler's checks in the account of a company/institution whose activities do not justify such deposits |
| <input type="checkbox"/> The replacement of large cash amounts by electronic transfer requests or by bank checks | <input type="checkbox"/> Cash operations and/or bank transfers that appear to be unusual, considering the location of the branch |
| <input type="checkbox"/> Change in the pattern of deposit operations made by a customer exempted from filling the cash transaction slip (CTS) | <input type="checkbox"/> E-banking operations that appear unusual |
| <input type="checkbox"/> The undertaking by a customer of large cash operations in the form of deposits and withdrawals, with insufficient personal identification | <input type="checkbox"/> Transfers between the accounts of an exchange institution and other accounts, particularly those held by any other institution's owners, partners, shareholders, directors or authorized signatories or any of the family members of these persons (spouse, ascendants, descendants), especially if the transfers are followed by withdrawals |
| | <input type="checkbox"/> Other _____ |

PART VIII-B**Predicate offences as per AML/CFT Law****72** Provide the most likely offense to which the suspicious activity relates

-
- Money Laundering
-
- Terrorism / Financing of Terrorism

73 Specify the predicate offence to which the suspicious activity relates:

- a- Narcotics or psychotropic substances (growing, manufacturing, illicit trading)
- b- The participation in illegal associations with the intention of committing crimes and misdemeanors
- c- Terrorism, according to the provisions of Lebanese Laws
- d- The financing of terrorism or terrorist acts and any other related activities (travel, organizing, training, recruiting...) or the financing of individuals or terrorist organizations, according to the provisions of Lebanese laws
- e- Illicit arms trafficking
- f- Kidnapping, using weapons or any other means
- g- Insider trading, breach of confidentiality, hindering of auctions, and illegal speculation

74 Is the reason for reporting connected to information obtained from open sources or databases?

- a-
-
- Yes b-
-
- No

If "yes" specify the source _____

Note: Applicable fields in Part II must be filled for numbers 45, 46, 47, 48, 49, 62, 63 and 64.