**INTERNAL STR FORM**

*Regulations 27 (c) of the Financial Intelligence and Anti Money Laundering Regulations 2018*

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| **Reporting Employee** |
| **Name:** |
| **Designation/Position:** |
| **Telephone:** |
| **Email:** |
|  |

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| --- |
| **Client Details** |
| **Client Reference:** |
| **Client Name:** |
| **Address:** |
| **Contact Name:** |
| **Contact Telephone Number:** |
| **Date Client Relationship Commenced:** |
|  |

| **Information to be collected** | | |
| --- | --- | --- |
| **Suspected Information/transaction** |  | |
| **Reason for suspicion** |  | |
| **The identification of the party or parties to the transaction.** |  | |
| **The amount of the transaction** |  | |
| **The description of the nature of the transaction** |  | |
| **All the circumstances giving rise to the suspicion.** |  | |
| **The business relationship of the suspect with the Company** |  | |
| **Where the suspect is an insider, any information as to whether the suspect is still affiliated with the Company** |  | |
| **Any voluntary statement as to the origin of the proceeds.** |  | |
| **Any voluntary statement as to the source of the proceeds.** |  | |
| **Any voluntary statement as to the destination of the proceeds.** |  | |
| **The impact of the suspicious activity on the financial soundness of the Company** |  | |
| **The names of all the officers, employees or agents dealing with the transaction.** |  | |
| List the relevant documentation that has been attached to this form. | | |
|  | | |
| **Reporter’s Signature** | |  |
| **Date** | |  |

|  |  |
| --- | --- |
| **For MLRO use only** | |
| **Date received:** | **Time received:** |
| **FIU advised:  Yes  No** | **Date:** |