

# Generic Reporting Form

FIU	GENERIC REPORTING FORM
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## Details of Disclosing Organisation:

<b>TYPE OF REPORT:</b>	<input type="checkbox"/> STR	<input type="checkbox"/> X-Boarder	<input type="checkbox"/> Threshold
Name of Organisation :			
Branch or Outlet:			
Business area of Branch Outlet:			
Your Disclosure Ref:			
Date disclosure sent to FIU:			
Has the subject been disclosed on before, if so give previous FIU Ref:			
*If this is the first report you have made complete a separate form to registering your appointed compliance / money laundering officer.			

## Person subject of disclosure:

Family name:		Title:	
Given Names(s):		Gender:	
Date of Birth:			
ID Document details:			
Address No. & Street:			
City or Town:			
Region:			
Post or Zip Code:			
Country:			
Employer:			
Occupation:			

## OR Company subject of disclosure:

Company Name:			
Company No:			
Tax Number:			
Type of Business:			
Country of Reg:			
1. Registered Office Address No. & Street:			
City or Town:			
Region:			
Post or Zip Code:			
Country:			
2. Trading Address No. & Street:			
City or Town:			
Region:			
Post or Zip Code:			
Country:			

Other Information not in fields above:	
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# Generic Reporting Form

## Financial Summary Overview:

Institution Name:			
Outlet / Branch:			
Date Opened:		Date if Closed :	
Customers Turnover:		Turnover time period:	
Customer A/C or Ref No:			
Balance held:		Date of Balance:	

## Financial Summary Details:

*	Date:			Credit or Debit:	
	Value:			Currency:	
	Cash: Yes or No:		If No: type of financial instrument:		
Counterparty Name:					
Counterparty Institution:			If bank, bank code:		

*	Date:			Credit or Debit:	
	Value:			Currency:	
	Cash: Yes or No:		If No: type of financial instrument:		
Counterparty Name:					
Counterparty Institution:			If bank, bank code:		

*	Date:			Credit or Debit:	
	Value:			Currency:	
	Cash: Yes or No:		If No, type of financial instrument:		
Counterparty Name:					
Counterparty Institution:			If bank, bank code:		

*	Date:			Credit or Debit:	
	Value:			Currency:	
	Cash: Yes or No:		If No, type of financial instrument:		
Counterparty Name:					
Counterparty Institution:			If bank, bank code:		

*	Date:			Credit or Debit:	
	Value:			Currency:	
	Cash: Yes or No:		If No, type of financial instrument:		
Counterparty Name:					
Counterparty Institution:			If bank, bank code:		

*	Date:			Credit or Debit:	
	Value:			Currency:	
	Cash: Yes or No:		If no, type of financial instrument:		
Counterparty Name:					
Counterparty Institution:			If bank, bank code:		

**USE ADDITIONAL SHEETS IF THERE FURTHER DETAILS TO BE SHOWN.**

**And complete the following: Financial Summary SHEET No: \_\_\_ of \_\_\_.**

(Example: Sheet 2 of 2. This would include the first sheet plus one extra)

# Generic Reporting Form

**ASSOCIATED Person (with subject of disclosure):**

Family name:		Title:	
Given Names(s):		Gender:	
Date of Birth:			
ID Document details:			
Address No. & Street:			
City or Town:			
Region:			
Post or Zip Code:			
Country:			
Employer:			
Occupation:			

**OR**

**ASSOCIATED Company (with subject of disclosure):**

Company Name:			
Company No:			
Tax Number:			
Type of Business:			
Country of Reg:			
1. Registered Office Address No. & Street:			
City or Town:			
Region:			
Post or Zip Code:			
Country:			
2. Trading Address No. & Street:			
City or Town:			
Region:			
Post or Zip Code:			
Country:			

Other Information not in fields above:	
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**USE ADDITIONAL COPIES OF THIS SHEETS IF THERE OTHER  
ASSOCIATED PEOPLE OR COMPANIES**

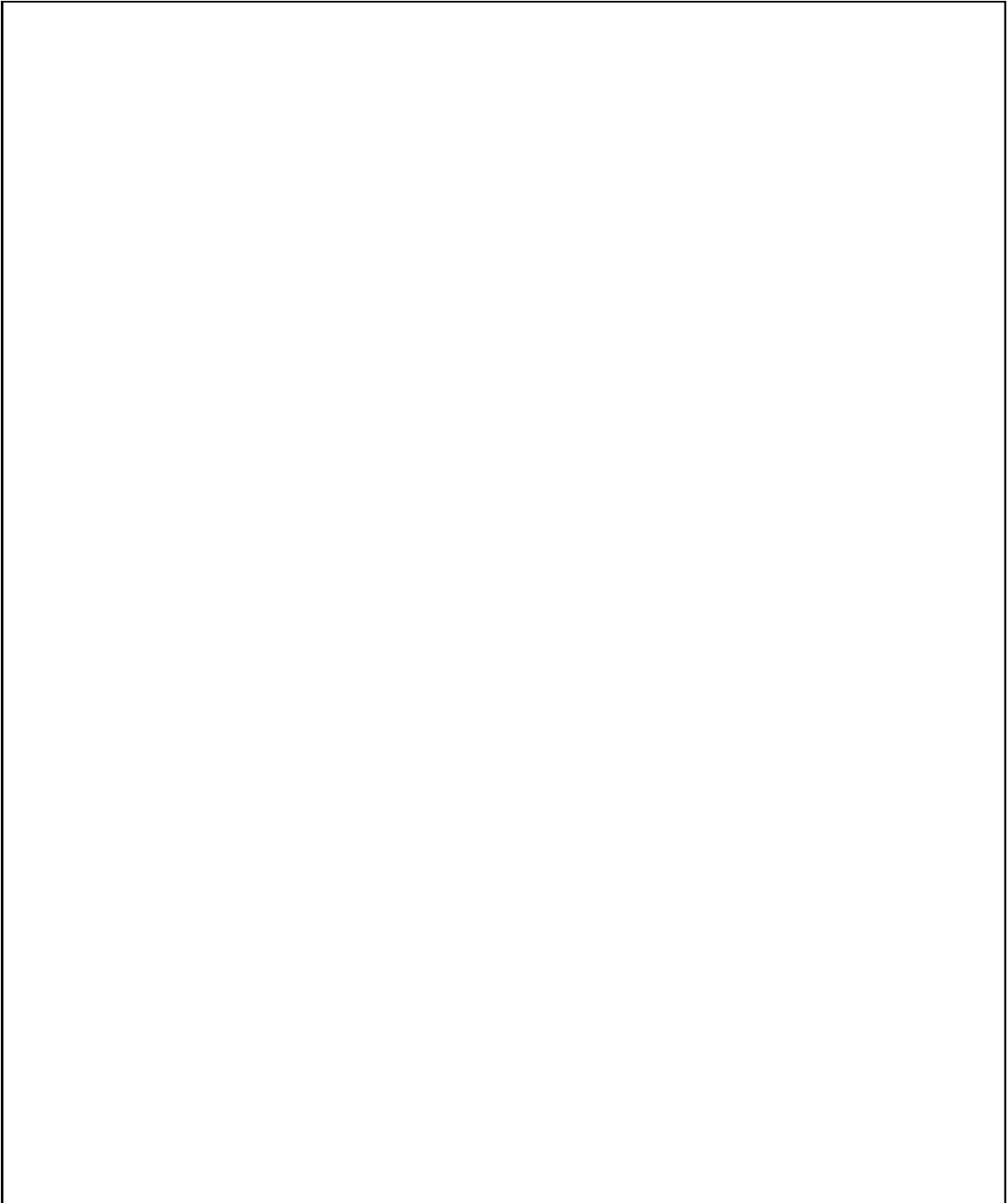
Complete the following if addition associated person or company sheets are used:

**ASSOCIATE SHEET No:**      **of**      .

(Example: Sheet 2 of 2. This would include this sheet plus one extra)

# Generic Reporting Form

**Reason for Suspicion**

A large, empty rectangular box with a thin black border, intended for the user to provide details about the reason for suspicion. The box is currently blank.