



## **BAHRAIN MONETARY AGENCY**

### **Suspicious Transaction Report (STR) Form**



## **STR Form: INSTRUCTIONS**

### **PLEASE NOTE:**

1. Decree Law No. 4 of 2001 requires institutions, including all BMA licensees, to report suspicious transactions and activities to the relevant authorities (Article 5). Failure to report suspicious transactions or activities or warning or informing (“tipping off”) persons when information on them is being reported to the authorities carries a maximum penalty of imprisonment for up to 2 years and/or a fine up to BD50,000 (Article 3).
2. Reporting is to be done by completing all sections as fully as possible, attaching supporting documentation and continuation sheets where appropriate. The STR Form should be written in ink in BLOCK CAPITALS or typed. Online reporting is also available and those interested licensees should contact the Compliance Unit of the BMA for further instructions.
3. When providing “contact details” (refer to Sections 4-6 of the form), please include telephone and fax numbers, and e-mail addresses (where available).
4. In completing Section 7 of this form, Type of Transaction or Activity, please include as much detail as possible relating to the transaction/activity; amount; currency of transaction/activity; beneficiaries of the transaction/activity; and the type of financial instruments involved.
5. In completing Section 9 of this form, Customer Profile, please provide a summary of the activities related to this account/policy including average number of transactions, nature of products transacted, beneficiaries, etc.
6. The **original** completed form, together with supporting documentation, should be submitted to:

Anti-Money Laundering Unit  
General Directorate of Criminal Investigation  
Ministry of Interior  
P.O. Box 26698  
Manama, Kingdom of Bahrain

And a **copy** of the completed form should be submitted to:

Head of the Compliance Unit  
Bahrain Monetary Agency  
P.O. Box 27  
Manama, Kingdom of Bahrain

7. BMA licensees may address any queries to the Head of the Compliance Unit of the BMA, on +973 17 547922 (telephone), +973 17 535673 (fax) and cunit@bma.gov.bh (e-mail).

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**Deleted:** In addition, in accordance with Chapter FC-2 of Module FC (Financial Crime), insurance firms and insurance brokers must report suspicious or unusual transactions or other activities identified in the course of their business. These reports are submitted by the company's Money Laundering Reporting Officer (MLRO) or his delegate as required under Section FC-2.2.¶



### 1. Licensee Details

Name and address of Licensee

### 2. STR Form Contact Information

Please provide full contact details of person(s) with whom the AMLU/BMA can communicate with, regarding this STR Form.

Name:

Title:

Telephone:

Fax:

E-mail:

### 3. Is this form related to: (tick ✓ one box)

Attempted Transaction

Completed Transaction



**Information on the party having attempted or completed a suspicious transaction or activity.**

<b>4. Legal Entity or Trust (Details)</b>	
Name and address of legal entity or trust	
Nature of businesses	
Commercial Registration Number	Country of Incorporation
Address and Contact Details in Bahrain	Address and Contact Details in Country of Incorporation

<b>5. Individual Person (Details)</b>		
Date of Birth		Occupation
Passport No.	CPR No.	Nationality
Address and Contact Details in Bahrain	Employer's Name and Address and Contact Details	



**6. Representative acting on behalf of party in 4. or 5. above (if applicable)**

**Name and address of representative**

**Contact Details:**

**Acting on behalf of party 4 or 5 in which capacity (e.g. lawyer, etc.)**



### 7. Type of Transaction or Activity

Please provide details of the transaction or activity

**When did the transaction/activity occur?**

**Where did the transaction/activity occur?**

**If the person concerned was questioned, what explanation did he provide? (N.B. “tipping off” is a criminal offence: see Decree Law No. 4 of 2001, Article 2.6)**

### 8. Source of Suspicion

Please provide details of the source of suspicion



## 9. Customer Profile

Existing Customer?

Yes                    No

If yes, since when (date) \_\_\_\_\_

Please provide details of the nature of the relationship between the licensee and the party for which this form is being completed

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Name and Signature of MLRO or his delegate:

Date: