Regulations 1 and 5

Consent request? Yes/No

FORM OF DISCLOSURE

DISCLOSURE FORM

STRICTLY PRIVATE AND CONFIDENTIAL

Please submit to:		
The Guernsey Border Agency, Fina Financial Intelligence Service, Ozanne Hall, Mignot Plateau, Cornet Street, St Peter Port, GY1 1LF	ncial Investigation Unit:	
Tel: 714081 Fax: 710466 E-r	nail: <u>fiu@gba.gov.gg</u>	
Disclosing Organisation:		
Reporting Organisation:		
Reporting MLRO:		
Tel:	Email:	
Your reference		
FIS reference		

1. MAIN DISCLOSURE SUBJECT

Individual

Date

Title	
Full name (please include former and other names)	
Gender	
Date of birth /Alias date of Birth	
Estimated age	
Place of Birth	
Town of Birth	
Nationality(ies)	
Occupation	
Employer	

Address(es) including postal codes	
Country of Residence	
Contact details, e.g. telephone, fax, email	
Passport number(s) and dates	
Passport issuing country(ies)	
Other identification numbers and dates, e.g. national identity card, driving licence etc. (please specify type)	
Any other relevant information	

and/or Organisation

Type of Organisation i.e. company, trust, non-profit organisation or other	
Name (please include former and other names)	
Legal registration / identification number	
Address(es) including postal codes	
Contact details, e.g. telephone, fax, email	
Place of Incorporation / date	
Country registered / established	
Date registered / established	
Any other relevant information	
(<i>Trust</i>) Country of Administration Country Settled	
(<i>non-profit organisation</i>) Area of Benefit Area of Operation	

2. ASSOCIATED SUBJECTS (including organisation officials)

Official Type	
Title	
Full name (please include former and other names	
Date of birth	
Address(es) including postal codes	

For further associated subjects, please copy the formats used above

3. RELEVANT ACCOUNTS

Account Name	
Account Holder(s)	
Financial Institution/ SWIFT/BIC address	
Account / product type, e.g. investment, company etc.	
Account number and sort code	
Date account opened	
Date account closed	
Account balance / value	
Balance / value date	

For additional accounts or products, please copy the format used above.

4. RELEVANT TRANSACTIONS

Please note that the obligation to report suspicion applies to all types of transaction and attempted transaction, including attempted transactions in circumstances where there is no existing business relationship with the disclosure subject and no such business relationship is subsequently established.

Transaction date	
Transaction amount	
Transaction type / method	
Transaction parties (please use person / organisation format as above where more detailed information is available)	
Was the transaction carried out?	
Was the transaction request made in the context of an existing business relationship?	
If not, was a business relationship then established?	

For additional transactions, please copy the format used above.

5. CLIENT RELATIONSHIP

Current status of relationship	
Date relationship commenced	
Date relationship ended	

6. REASONS FOR SUSPICION

Please give full account of circumstances for suspicion

Suspected Underlying Offences	Please specify where possible the nature of the offences which you suspect may underlie or otherwise be relevant to the transaction, for example fraud or corruption, (whether
	carried out or not), together with the grounds for that suspicion.

	Terrorism and Crime (Bailiwick of Guernsey) Law, 2002
(please delete as appropriate)	Disclosure (Bailiwick of Guernsey) Law, 2007

7. DETAILS OF ANY REQUEST FOR CONSENT

Please specify the act or transaction for which consent is sought

8. ADDITIONAL INFORMATION (including explanation of any attachments)

NB - Please also provide as much information and documentation as possible to demonstrate why suspicion has been raised and to enable the FIS to fully understand the purpose and intended nature of the business relationship, e.g. copy identification and account opening documents, account statements, contract notes, minutes, correspondence, structure charts, transcripts, etc.