

“SCHEDULE

FORM A

Authority to act on behalf of another

(reg. 4(5))

I.....of Identity Number /Passport Nobeing of sober and sound mind and acting wilfully do hereby appoint.....of Identity Number/ Passport No.....to act for or on my behalf.....fromuntil.....

This appointment is executed for the purpose of expediting the transaction of all investment affairs of mine and to permit action in my name and on my behalf with respect to my financial transactions or my property during this period of appointment.

I confer power on my representative to do all things deemed necessary or proper to carry out the provisions and intent of this appointment or carry out including but not limited to the following powers, all of which may be exercised from time to time at his or her discretion and with respect to.....in which I now or hereafter have any interest.

Thus signed on thisday of.....,20.....at.....

Witness

1.....

Signature.....

2.....

Signature.....

FORM B

(Reg. 19)

Cash in excess of Prescribed Amount Report

Date	Full name of the payee	Identity Number of the payee	Contact details (Phone Number)	Full name of the recipient	Identity Number of the recipient	Amount	Source of funds	Purpose of funds
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FORM C

Suspicious Transaction Report

(reg. 20 (1))



SUSPICIOUS TRANSACTION REPORT

A suspicious transaction is reportable to the Financial Intelligence Agency under the *Financial Intelligence Act (Cap. 08:07)*

Report Reference No. _____
Date of Report: ___/___/___

INSTRUCTIONS FOR COMPLETING THE REPORT FORM:

- Complete as much of this form as possible, providing clear and accurate information
- **All fields are mandatory, if you are unable to answer the question or it isn't relevant please indicate with Not Applicable (N/A)**
- Complete the form in black ink and CAPITAL LETTERS
- Mark appropriate boxes with a cross (X)
- **For detailed instructions on how to complete this form please refer to STR guidelines issued by the FIA**
- A report must be submitted within 3 days of the suspicious transaction.

Send completed forms by Post to:
The Director General
Financial Intelligence Agency
Private Bag 0190
Gaborone
Botswana
or fax to: +267 3905742

PART A: REPORT DETAILS

Is this an amendment or addition to a report previously submitted?

Yes

No - If no, proceed to Part B.

If yes, list the reference number(s) of previous report(s)

If yes, list the Part(s) and Section(s) of the previous report that are affected (i.e. Part A, B or C or sections 1, 2 or 3, etc.)

PART B: DETAILS OF THE ACCOUNT / PRODUCT OF THE PERSON / ORGANISATION TO WHICH THE SUSPICIOUS TRANSACTION RELATES

SECTION 1: DETAILS OF THE ACCOUNT / PRODUCT

Account name and / or title																		
Account number																		
Name and location of specified party branch/office where the account is held	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>																	
Branch/office identification number																		
Name of specified party																		
Name of ward / suburb / city / town																		
Village name																		
District																		
Country																		
Account type	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Credit card <input type="checkbox"/> Custodial <input type="checkbox"/> Store value card <input type="checkbox"/> Foreign currency <input type="checkbox"/> Bullion <input type="checkbox"/> Insurance <input type="checkbox"/> Lease/hire purchase <input type="checkbox"/> Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Remittance <input type="checkbox"/> Trading <input type="checkbox"/> Superannuation/ADF <input type="checkbox"/> E-currency <input type="checkbox"/> Betting <input type="checkbox"/> Investment <input type="checkbox"/> Other																	
Account opening date	Day	Month	Year	Account currency														
Account closing date	Day	Month	Year	Account balance at														

			date of closure	
Name of person who closed the account and what happened to the balance of the account i.e. international transfer / transfer to another account		Does the account have any linked accounts?	<input type="checkbox"/> Yes if Yes supply account details at end of report <input type="checkbox"/> No	
Name of account signatories (if more space is required please add in the section 2 narrative or on an additional page)	1.	2.		
Description of assets				
Jurisdiction where assets are held		Estimated value of assets		

SECTION 2: DETAILS OF THE ACCOUNT OWNER/HOLDER

Given name(s) or title(s)		Surname	
Other known name(s)/alias(es)			
Business / Company name		Business / Company registration number	
Account holder type	<input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Trust <input type="checkbox"/> Government body <input type="checkbox"/> Registered body <input type="checkbox"/> Other		
Nature of relationship to Bank			
Is the relationship current or historical?	<input type="checkbox"/> Current <input type="checkbox"/> Historical	Customer number – provided by your organisation	

Telephone / Cell / Email details					
Date of birth/incorporation/registration	Day	Month	Year	Place of birth/incorporation/registration	
Employment/industry type					
Employer details					
Name of employer					
Street number and name					
Name of ward / suburb / city / town					
Village name					
District					
Country (if overseas)					
If the customer is an individual, please specify	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Country of citizenship		

PART C TRANSACTION DETAILS

Amount of transaction and currency of transaction												
Date of transaction	Day	Month	Year	Time of transaction								

Name and location of specified party branch/office where the transaction was conducted					
Branch/office identification number					
Name of specified party					
Name of ward / suburb / city / town					
Village name					
District					
Country (if overseas)					
Has the suspicion been formed as a result of multiple transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period of transactions: From	Day	Month	Year
Has the suspicious activity had a material impact on the financial soundness of the Bank?	<input type="checkbox"/> Yes (if more space is required please add in the section 2 narrative or on an additional page) <input type="checkbox"/> No		To	Day	Month
Type of transaction	<input type="checkbox"/> Account opening deposit/withdrawal <input type="checkbox"/> Telegraphic transfer <input type="checkbox"/> Account <input type="checkbox"/> Property transfer <input type="checkbox"/> Negotiable instruments <input type="checkbox"/> Disposal of securities <input type="checkbox"/> Bet placed <input type="checkbox"/> Remittance <input type="checkbox"/> E-currency transfer <input type="checkbox"/> Purchase of traveller's cheques <input type="checkbox"/> Other _____				
Type of funds/payment instrument transacted					
Transaction channel/mechanism	<input type="checkbox"/> Face-to-face/in person <input type="checkbox"/> Electronic/internet <input type="checkbox"/> Telephone instruction <input type="checkbox"/> Other _____				
Status of transaction	<input type="checkbox"/> Complete <input type="checkbox"/> Suspended <input type="checkbox"/> Processing				
Remarks/comments/explanatio					

ns made by the customer regarding why the transaction was conducted	
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PART 2: TRANSACTION/TRANSACTIONS

SECTION 1: IDENTIFY YOUR CATEGORY OF SUSPICION	
<input type="checkbox"/> Suspicious behaviour	<input type="checkbox"/> ATM/cheque fraud
<input type="checkbox"/> Large or unusual cash deposits/withdrawal	<input type="checkbox"/> Unusual business/account activity
<input type="checkbox"/> Irregular or unusual international banking activity	<input type="checkbox"/> Known/suspected criminal
<input type="checkbox"/> Inconsistent with customer profile	<input type="checkbox"/> Avoiding reporting obligations
<input type="checkbox"/> Large or unusual inward/outward remittance	<input type="checkbox"/> Internal fraud
<input type="checkbox"/> Unusually large foreign currency transaction	<input type="checkbox"/> Counterfeit currency
<input type="checkbox"/> Country/jurisdiction risk	<input type="checkbox"/> False name/identity or documents
<input type="checkbox"/> Other	

SECTION 2: DESCRIPTION NARRATIVE
Please describe clearly and succinctly the factors or unusual circumstances that led to the suspicion of money laundering or terrorism financing activity. Provide all relevant details and explain what you found suspicious.
Note: If required additional pages can be added to this report, initialed by the authorised individual

PART 3: CONTACT WITH LAW ENFORCEMENT AGENCIES

Has a law enforcement agency been contacted in regards to this suspicion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please provide details of the law enforcement agency contacted.	
Name of agency	
<u>Physical:</u> Street number and name	
Name of ward / suburb / city / town	
Village name	
District	
Name of law enforcement agency contact person	
Contact phone	
Has any other action been taken in regards to this suspicious activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details.	

PART E. ADDITIONAL AVAILABLE INFORMATION

Please provide a list of additional documents that your specified party has available and may be able to provide to the FIA or another law enforcement agency upon request to assist with investigation of this suspicious transaction.	
Is an image or Closed Circuit Television (CCTV) of the suspicious transaction available	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART I: DETAILS OF THE BANK AND PERSON LOGGING THE REPORT

SECTION 1: DETAILS OF THE BANK	
Full name of Bank	
Bank identification number	
Primary regulatory specified party	

SECTION 2: DETAILS OF THE PERSON MAKING THE SUSPICIOUS TRANSACTION REPORT		
Person/officer name		
Person/officer position title		
Person/officer contact details	Phone	Email
Signature/declaration of the reporting officer		

For Official Use Only

END OF REPORT

FORM D

Certificate issued by Financial Intelligence Agency

(reg.34)

Summary of report

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.....
.....
.....

(a) Reporting entity.....

(b) Type or nature of report:

- (i) STR (Suspicion Transaction Report)
- (ii) LCT (Large Cash Transaction)
- (iii) EFT (Electronic Funds Transfer)

(c) Date of reporting.....

(d) Particulars of the reporting officer.....

Designation.....

(e) Annexures.....

(f) Mode of reporting.....

- (i) Internet Based Reporting Portal
- (ii) CD

(iii) STR Form

.....
Date stamp/Signature of Director General / Time
Designated office.”

MADE this 11th day of October, 2019.

O. K. MATAMBO,
Minister of Finance and Economic Development.