(Main Form)

SUSPICIOUS TRANSACTION REPORT

In accordance with Article 7 of Administrative Regulation No. 7/2006, reporting entity is obliged to report suspicious transaction within 2 working days to Financial Intelligence Office (Portuguese acronym "GIF"), and it is stipulated in Article 9 that non-compliance with the duties established in this administrative regulation constitutes an administrative offence, and is subject to penalty.

Please take note of the followings prior to completing the Suspicious Transaction Report ("STR"):

- **Provide** a clear and concise description to the STR, and **state** all available information.
- **Document** in detail why the transaction is considered extraordinary, irregular or suspicious.
- **Provide** supporting document where is necessary to explain the STR.
- **Indicate** if the potential violation is an initial report or if it relates to a previous transaction or transactions reported.
- **Complete** this STR in Block letters.
- **Take** reference to the explanatory notes below when completing the STR.
- After completion, please **send** this report to the Financial Intelligence Office.
  Address: Av. Dr. Mário Soares, nos. 307-323, Edif. "Banco da China", 22 andar
  Contact Telephone Number: 2852 3666

(This box is to be completed by GIF) Reporting Entity Reference Number: ____________________

STR Reference Number:___________ / ________

1. Reporting Date and Sequence Number: ☐☐☐☐ / ☐☐ / ☐☐ Nº ☐☐

yyyy / mm / dd

2. Type of Transaction Reported: (Please ✓ to select)

a. ☐ Initial Report (Previously reported person/organization? ☐ Yes ☐ No

b. ☐ Amendment Report: ☐ (1) Partial Amendment
☐ (2) Replacement
☐ (3) Cancellation

c. ☐ Supplementary Report

Previous STR Ref. Number:_________/_________Remarks:__________________________________

____

Total Number of document submitted: ______ pages
(Main Form __5__ pages,
Supplementary Form A____ pages,
Supplementary Form B ____pages,
Attachment____ pages,
Other Document____ pages)

Section Explanatory Notes

1. **Reporting Date and Sequence Number** is comprised of the date of submitting the STR and the Sequential Number of STR submitted on the same day, eg. 2006/11/01 Nº 3 means the 3rd report submitted on 1st November 2006. This reference number is for temporary identification purpose. GIF will assign a unique STR Reference Number for each reported case, and inform reporting entity in writing. Thereafter, the STR Reference Number **must** be quoted when submitting Amendment or Supplementary Report.

2a. **Initial Report** refers to first-time reporting of a suspicious transaction/(s), and each report should be made on transaction basis. If this person/organization has been involved in a previously reported case, it should still be reported as an Initial Report, but the earliest STR Number is to be provided in Remarks.

2b. **Amendment Report** refers to amendments made to previously submitted STR. Please state the previous STR Reference Number. Type of Amendment includes (1) **Partial Amendment**, (2) **Replacement**, and (3) **Cancellation of STR**. Please fill in the right number in the box of **(b)**. For Partial Amendment, only the amended part is to be completed. Replacement is applicable where the whole set of submitted STR is to be replaced due to significant amendment, but the STR Reference Number remains unchanged. For Cancellation of an STR, a reason must be stated in Remarks.

2c. **Supplementary Report** refers to additional information provided to a previously submitted STR, such as recently discovered information or additional person/organization suspected to be involved in the same transaction. For new transaction/(s) related to a previously reported person/organization, it will be filed as an Initial Report (See Note 2a).

6. **Supervisory Authorities** are the competent public departments or professional bodies governing the activities of certain reporting entities. Reporting entities should match themselves with their supervisory authorities.

9. **Person/Organization conducting suspicious transactions** should be classified either as Individual or Corporation/ Organization. Corporation is also known as commercial establishment such as proprietorship/partnership/companies whilst Organization is usually set up for specific non-commercial purposes.

NOTE: Please keep a copy of this document, and the following items, for a period of five years:

- All the support documentation, including oral or written reports made by the reporting entities.
- Explanation to this report provided by any other person(s), the identification of such persons(s) and date of the explanation given.

PART I – INFORMATION OF REPORTING ENTITY

3. Full Name or Business Registered Name:

(in Chinese):____

4. Full Address:

(in Chinese): ____

____

5. Nature of Business
(Please select an appropriate number and fill in the box)

Business Code
01 Credit Institution
02 Other Financial Institution
03 Offshore Financial Institution
04 Insurance Company/Pension Fund Manager
05 Insurance Intermediary
06 Money Changer
07 Cash Remittance Company
08 Games of Fortune (e.g. casino, and slot machines venue)
09 Lotteries (e.g. Chinese lotteries)
10 Pari-Mutuel (e.g. sports wagering, horse, grey-hound racing)
11 Games of Fortune Promoters
12 Pawn Shop
13 Watch/Jewelry Store
14 Antique Shop
15 Real Estate Agent
16 Real Estate Developer
17 Automobile Dealer
18 Lawyer
19 Legal Representative Office
20 Notary
21 Registrar
22 Accountant/Auditor
23 Tax Consultant
24 Commercial Service Provider*
25 Offshore Company
99 Others (Please specify)

6. Supervisory Authority:
(Please select an appropriate number and fill in the box)

1) Monetary Authority of Macao
2) Macao Economic Services
3) Gaming Inspection and Coordination Bureau
4) Finance Services Bureau
5) Legal Affairs Bureau
6) Macao Trade and Investment Promotion Institute
7) Macao Lawyers Association
8) The Independent Commission for the Exercise of the Disciplinary Power over Solicitors
99) Others

For *Nature of Business*, If code #99 is chosen, please specify nature of business.

____

*To act on behalf of customer to set up business, to participate as executive members, to provide representing office, or to be the trust fund manager, etc

7. Telephone Number: (____) ______________________________

Fax Number: (____) ______________________________

Email Address: ____

8. Contact Person of Reporting Entity (Contact Person should be the Compliance Officer if available):

Name (Please select as appropriate: Mr./Mrs/Ms) : ______________________________

Position / Function: ______________________________

Telephone Number: (_____) ______________________________

Fax Number: (_____) ______________________________

Email: ______________________________

Address :______________________________ ____________________

PART II – INFORMATION OF THE SUSPICIOUS TRANSACTION

9. Number of Entity(ies) being reported:

(1) Total number of Individual(s): ________ (Please complete one **Supplementary Form A** for each individual)

(2) Total number of Corporation(s)/Organization(s): ________ (Please complete one **Supplementary Form B** for each corporation/ Organization)

10. Type of Suspicious Transaction (✓ more than one box if necessary)

a. ☐ Currency exchange / cash conversion

b. ☐ Remittance

c. ☐ Underground banking / alternative remittance services

d. ☐ Pawn shop transaction

e. ☐ Investment in capital markets

f. ☐ Use of foreign bank accounts

g. ☐ Use of offshore banks and corporations

h. ☐ Use of shell companies / corporations

i. ☐ Bank account opening / Cash deposit / Cheque deposit / Cheque issuing / Letter of Credit, etc.

j. ☐ Gaming activity (casinos, slot machines venues, lotteries, pari-mutuel, games of fortune promoters)

k. ☐ Insurance Transaction (Lump sum insurance / change of beneficiary / termination of insurance policy etc.)

l. ☐ Purchase of portable valuable commodities (gems, precious metals, antiques etc.)

m. ☐ Purchase of valuable assets (real estate, vehicles, yacht etc.)

n. ☐ Purchase of goods

o. ☐ Use of professional services (lawyers, solicitors, notaries, registrars, accountants, auditors and tax advisers etc.)

p. ☐ Others (Please specify______________________)

11. Is the above transaction completed via Internet? (Please fill in the appropriate number in the box) ☐ **(2) Yes (4) No**

12. Date/Period of Suspicious Transaction(s): from ☐☐☐☐ / ☐☐ / ☐☐ to ☐☐☐☐ / ☐☐ / ☐☐

yyyy / mm / dd   yyyy / mm / dd

13. Number of Suspicious Transaction(s) involved: ☐☐☐☐

(Only for transactions relevant to the present STR)

14. Currencies Involved (Please fill in the respective amount. More than one currency can be filled in if necessary. Reporting entity should fill in the transaction amounts according to the original currencies identified in the case, e.g. the reporting entity should report 100,000 US Dollars as '100,000.00' in the respective row of USD)

a. MOP	☐,☐☐☐,☐☐☐,☐☐☐.☐☐	f. USD	☐,☐☐☐,☐☐☐,☐☐☐.☐☐
b. HKD	☐,☐☐☐,☐☐☐,☐☐☐.☐☐	g. CAD	☐,☐☐☐,☐☐☐,☐☐☐.☐☐
c. RMB	☐,☐☐☐,☐☐☐,☐☐☐.☐☐	h. AUD	☐,☐☐☐,☐☐☐,☐☐☐.☐☐
d. JPY	☐,☐☐☐,☐☐☐,☐☐☐.☐☐	i. NZD	☐,☐☐☐,☐☐☐,☐☐☐.☐☐
e. EURO	☐,☐☐☐,☐☐☐,☐☐☐.☐☐	j. Others	☐,☐☐☐,☐☐☐,☐☐☐.☐☐

(Please state: ____________)

15. Country/Region of Origin/Destination of Suspected Funds: (More than country can be completed)

Origin of Fund		Destination of Fund	
Country	Province/City	Country	Province/City

16. Payment Method (Please ✓ in the appropriate box, more than one box can be selected if necessary.)

a. ☐ Cash   b. ☐ Cheque   c. ☐ Remittance

d. ☐ Cashier Order   e. ☐ Credit Card   f. ☐ Traveler's Cheque

g. ☐ Draft   h. ☐ Debit Card   i. ☐ Letter of Credit

j. ☐ Account Transfer   k. ☐ CDM/ATM   z. ☐ Others (please specify__________________)

17. Transaction Detail(s) **(For all individual(s)/Entity(ies) associated with these Suspicious Transactions, it is required to complete a separate Supplementary Form A/B with the identification details and related information for each of them)**.

Transaction Details			Reported Individual/ Corporation/Organization				Flow of involved Fund(s)/ Asset(s) (→ or ←)	Transaction Counterparty(ies) (including other account(s) of the reported individual(s)/entity(ies) **or** any other related individual(s)/entity(ies))			
Transaction Date	Time	Transaction Type[1]	Account Number[2]	Account Holder's Name	Currency	Amount		Account Number[2]	Account Holder's Name	Currency	Amount

1. Example：a. Cash、b. Cheque、c. Remittance、d.. Cashier Order、e. Credit Card、f. Traveler's Cheque、g. Demand Draft、h. Debit Card、i. Letter of Credit、j. Account Transfer、k. Cash Deposit Machine/ATM、z. Others…etc.
2. Please complete account detail information in related Supplementary Form section A14 or B15； Indicate CASH for any cash related transaction(s).

18. Details of transaction and reason of suspicion: (Provide details in attached blank sheet if necessary)

19. Signature of Contact Person of Reporting Entity:

Date: ______________________________ ______________________________

Please complete Form A for each **Individual** being reported.
Please complete Form B for each **Corporation/Organization** being reported.

SUSPICIOUS TRANSACTION REPORT

(Person conducting suspicious transactions)

Reporting Entity may photocopy this Supplementary Form A to report additional Person(s) in relation to the present STR.

(This box is to be completed by GIF)
Reference Number of Individual being Reported: _________
STR Reference Number:_____ / _____

A01. ☐ Individual(s) being reported

☐ Related Individual(s) (Relationship with the reported Individual(s) / Entity(ies) on Supplementary Form ☐-☐☐ is ☐)

(Please fill in the appropriate letter in the box): a. Shareholder b. Management c. Relative d. Employment e. Others _______________

Supplementary Form A Reference Number:

A - ☐☐

A02. Name of Person being reported: (If possible, please give information in accordance with Identification document and provide photocopy, where applicable)

Last Name:

Middle Name (if any):

Given Name:

Name in Chinese: ______________________________________

Alias (if any):______________________________________

A03. Gender: ☐ (Please fill in the appropriate number in the box)
(1) Male
(3) Female

A04. Date of Birth: ☐☐☐☐ / ☐☐ / ☐☐
yyyy / mm / dd

A05. Nationality: ________________________
____

A06. Profession:____________________________

A07. Place of Permanent Residence and Other Place of Residence

	Country	Province/City
(i) Place of Perm. Residence		
(ii) Other place of Residence		

(i) is the place where the person being reported is permanently domiciled.
(ii) is other place(s) that the person reported has stayed for more than one month during the same year. (Please provide more information in the Attached Blank Form where necessary.)

A08. Identification Document (Please select one or more I.D. Document and provide photocopies if possible):

	Type and Number of I.D. Document	Place/ Province of Issue	Date of Issue (yyyy / mm / dd) Valid Until (yyyy / mm / dd)
a.	Macao Identity Card	Not Applicable	/ / / /
b.	Hong Kong Identity Card	Not Applicable	/ / / /
c.	PRC Identity Card		/ / / /
d.	Passport		/ / / /
e.	Traveling Permit		/ / / /
f.	Others:____________________		/ / / /

A09. Address of Person being reported

Address:

(In Chinese): ______________________________________
____

A10. Contact Phone Number: (_____) __________________ Fax Number: (_____) ___________________________

Mobile Phone Number: (_____) __________________ E-mail Address: ______________________________

A11. Type of Relationship with the reporting entity: (Please fill in the appropriate number in the box) ☐

(1) New Client (2) Existing Client (3) Supplier (4) Gaming Promoter
(5) Insurance Agent (6) Employee (please indicate the position held:____________________
(7) Ex-Client (9) Others: ________________________________

A12. Is relationship still maintained with the person reported? (Please fill in the appropriate number in the box) ☐

(2) Yes

(4) No. Please specify reason. (Please fill in the appropriate number in the box) ☐

1) Cessation of commercial relationship
2) Dismissed
9) Others: ____

A13. Date of termination of relationship (where applicable) ☐☐☐☐ / ☐☐ / ☐☐ (yyyy / mm / dd)

Other information to be filled in only by entities supervised by AMCM (Section A14-A16)

A14. **Related Accounts**
(To be filled in by Financial Institution only. Provide more information in the Attached Blank Form where necessary.)

	Account (1)	Account (2)
Country/Region & Name of Bank*		
Account Number		
Account Type		
Account Opening Date (yyyy/mm/dd)		
Account Balance (Currency & Amount as of Reporting Date)		
Account Holder's Name		
	Account (3)	Account (4)
Country/Region & Name of Bank*		
Account Number		
Account Type		
Account Opening Date (yyyy/mm/dd)		
Account Balance (Currency & Amount as of Reporting Date)		
Account Holder's Name		

A15. **Related Insurance Policies**
(To be filled in by *Insurance Company / Insurance Intermediary* only. Provide more information in the Attached Blank Form where necessary.)

	Policy (1)	Policy (2)	Policy (3)
Policy Number			
Class/Type of Insurance Policy			
Policy Date (yyyy/mm/dd)			
Sum Insured (Currency & Amount)			
Insured's Name			
Policy Owner's Name (if different from Insured)			
Beneficiary's Name (if any)			

A16. **Related Pension Plans**
(To be filled in by *Pension Fund Manager* only. Provide more information in the Attached Blank Form where necessary.)

	Pension Plan (1)	Pension Plan (2)	Pension Plan (3)
Pension Plan Number			
Type of Pension Plan			
Plan Effective Date (yyyy/mm/dd)			
Contribution (Currency & Amount)			
Plan Member's Name			
Beneficiary's Name (if any)			

**when Related Accounts are from Remitting/Receiving Banks, please provide the respective Location and Name.*

SUSPICIOUS TRANSACTION REPORT
(Corporation/Organization conducting suspicious transactions)

Reporting Entity may photocopy this Supplementary Form B to report additional Corporation/Organization(s) in relation to the present STR.

(This box is to be completed by GIF) Reference Number of Entity being Reported: _________
STR Reference Number:_____ / _____

B01. ☐ Entity(ies)being reported

☐ Related Entity(ies) **(**Relationship with the reported Individual(s)/ Entity(ies) on Supplementary Form ☐**-** ☐☐ is ☐ **)**

(Please fill in the appropriate letter in the box): a. Holding Company
b. Management Company c. Supplier d. Client e. Others ______________

Supplementary Form B Reference Number:

B - ☐☐

B02. Nature of Entity being reported (Please fill in the appropriate number in the box)**:** ☐
(1) Corporation/Company **(3) Organization**

B03. **Registered Name of Local Company / Organization**
(Registered Name should be referred to Incorporation Document of the Entity. Provide copy of Incorporation Document if possible.)

In Portuguese:

In English:
(if applicable)

In Chinese: ____

Registered Name of Foreign Entity / Organization
(Since Incorporation document or certificate may not be available, reporting entity should request for an accurate name by reference to objective evidence source. Provide copy of evidence if possible.)

B04. Date of Incorporation: ☐☐☐☐ / ☐☐ / ☐☐
yyyy / mm / dd

B05. Place of Incorporation:_________________

B06. **For Local Corporation/Company**

Company Registration Number:______________________

Tax File Number:________________________________
(Required only if Company Registration Number is not available)

B07. **For Local Organization**

Registration Number: ____________________

B08. **Key Persons/Entities** (***For the following key persons/entities which have business relationship with your institutions, you are required to fill in Supplementary Form A/B and provide additional information.***)
Usually specified in Company Search Certificate, in which a Legal Representative is appointed to represent the company and act on the company's behalf, e.g. authorized signatory, etc.

Name	Details filled in Form A/B	ID Type / Reg. Doc. Type	ID Number / Registration Number
Legal Representative:__________________	☐- ☐☐		
Major Shareholder:__________________	☐- ☐☐		
Major Shareholder:__________________	☐- ☐☐		
Major Shareholder:__________________	☐- ☐☐		
Director:__________________	☐- ☐☐		
Director:__________________	☐- ☐☐		

B09. Type of Business or Nature of Activities: ____
____
____
____

B10. Address of Entity being reported

Address:

(In Chinese): ______________________________

____

B11. Contact Phone Number: (_____) ____________________ Fax Number: (_____) ____________________

Mobile Phone Number: (_____) ____________________ E-mail Address: ____________________

(Legal Representative)

B12. Type of Relationship with the reporting entity: (Please fill in the appropriate number in the box) ☐

(1) New Client (2) Existing Client (3) Supplier (4) Insurance Broker / Pension Fund Manager

(5) Ex-Client (9) Others:____________________

B13. Is relationship still maintained with the entity reported (Please fill in the appropriate number in the box) ☐

(2) Yes

(4) No (Please specify reason:____)

B14. Date of termination of relationship (where applicable): ☐☐☐☐ / ☐☐ / ☐☐ (yyyy / mm / dd)

Other information to be filled in only by entities supervised by AMCM (Section B15-B17)

B15. **Related Accounts**

(To be filled in by Financial Institution only. Provide more information in the Attached Blank Form where necessary.)

	Account (1)	Account (2)
Country/Region & Name of Bank*		
Account Number		
Account Type		
Account Opening Date (yyyy/mm/dd)		
Account Balance (Currency & Amount as of Reporting Date)		
Account Holder's Name		
	Account (3)	Account (4)
Country/Region & Name of Bank*		
Account Number		
Account Type		
Account Opening Date (yyyy/mm/dd)		
Account Balance (Currency & Amount as of Reporting Date)		
Account Holder's Name		

B16. **Related Insurance Policies**

(To be filled in by *Insurance Company / Insurance Intermediary* only. Provide more information in the Attached Blank Form where necessary.)

	Policy (1)	Policy (2)	Policy (3)
Policy Number			
Class/Type of Insurance Policy			
Policy Date (yyyy/mm/dd)			
Sum Insured (Currency & Amount)			
Insured's Name			
Policy Owner's Name (if different from Insured)			
Beneficiary's Name (if any)			

B17. **Related Pension Plans**

(To be filled in by *Pension Fund Manager* only. Provide more information in the Attached Blank Form where necessary.)

	Pension Plan (1)	Pension Plan (2)	Pension Plan (3)
Pension Plan Number			
Type of Pension Plan			
Plan Effective Date (yyyy/mm/dd)			
Contribution (Currency & Amount)			
Plan Member's Name			
Beneficiary's Name (if any)			

**when Related Accounts are from Remitting/Receiving Banks, please provide the respective Location and Name.*

SUSPICIOUS TRANSACTION REPORT
(Attachment)

(This box is to be completed by GIF)

Reporting Entity Reference Number: _________

STR Reference Number: ______ / ______