



THE AUTONOMOUS ISLAND OF MWALI (MOHÉLI) REGISTRAR OF COMPANIES  
ANTI MONEY LAUNDERING UNIT

**CONFIDENTIAL**

**SUSPICIOUS ACTIVITY REPORT**

Date of this Report:

Date of Original Report (if applicable):

Case No. (if known):

**1. REPORTING ENTITY DETAILS:**

Name of Reporting Entity:

Reference of Reporting Entity:

Address of Reporting Entity:

Name of Money Laundering Reporting Officer:

*Note: The name of an individual who is authorized to discuss the contents of this report must be provided.*

Phone number:

Fax number:

Direct private fax:  yes  no

Do you wish to be contacted prior to faxes being sent to this number:  yes  no

Type of Reporting Entity:

(i.e. bank, trust company, mutual fund administrator, insurance manager, real estate agent etc.)

Nature of service(s) provided to the individual and / or entity that is the subject of this report:

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**2. SUBJECT(S) OF REPORT (Natural Persons):**

*Note: Please attach additional sheets as necessary.*

Surname:	First Name:	Gender:
Date of Birth:	Place of Birth:	Nationality:
Occupation/Profession:		
Address(es):		
PO Box:	Street No. and Name:	City/Town
State/Province	Country	Zip/Postal Code:
Telephone No:	Fax No.:	E-Mail:
Identification Document Type: (i.e. passport, driver's license etc.)		
Identification Document Number:		
Date of Issue:		
Place of Issue:		
Account number(s) if applicable:		
Other signatories on the account. (Please include relevant KYC details):		
Other Information:		

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**3. SUBJECT(S) OF REPORT (Legal Entities)**

*Note: Please attach additional sheets as necessary.*

Entity Type (company, trust, partnership, charity, other):

Name of Entity:

Jurisdiction of Incorporation/Registration:

Date of Incorporation/Registration:

Purpose of Entity:

Registered Office Address (or address of Trustee or General Partner etc.):

Business Address (if different from registered office address):

*NOTE: Please include relevant information for entity type (i.e. settlor and beneficiary information for a trust). For each of the following which is a followi please provide the information noted in Section 2.*

Shareholder(s):

Name(s):

Director(s):

Name(s):

Ultimate Beneficial Owner (s) if different from above:

Name(s):

Account number(s) if applicable:

Other signatories on the account: (Please include relevant KYC details):

Other Information:

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**4. OTHER FINANCIAL SERVICE PROVIDERS INVOLVED IN ACTIVITY:**

Name(s):

Address(es):

Account number(s) if applicable:

Other Information:

**5. REASON FOR SUSPICION**

*Note: Please include relevant details including date business relationship established/declined, source of funds, value of assets currently held if any and nature of the suspicion. Attach additional sheets as necessary.*

\_\_\_\_\_  
Signature of Money Laundering Reporting Officer