

**TRANSACTION REPORTING AUTHORITY  
SUSPICIOUS TRANSACTION REPORT (STR)**

Please complete in INK and in CAPITAL LETTERS

Reporting of suspicious transaction is required by law under Section 14(1) of the Money Laundering and Proceeds of Crime Act 2000. Penalties exist for failure to report or to supply full and correct information.

**PART I – IDENTITY OF PERSON CONDUCTING THE  
SUSPICIOUS TRANSACTION**

**1. Full name (title, given names and surname)**

\_\_\_\_\_

Also known as: \_\_\_\_\_

**2. Date of birth:**

\_\_\_\_\_  
Day/Month/Year

**3. Country of birth:**

\_\_\_\_\_

**4. Occupation, business or principal activity**

\_\_\_\_\_

**5. Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**6. Residential address (cannot be a PO Box)**

\_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**7. NON RESIDENT – Tonga contact address**

\_\_\_\_\_

Kingdom of Tonga Phone: \_\_\_\_\_

**8. Give details if this person is a signatory to account  
affected by this transaction**

Account Title/Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Branch: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**9. How was the identity of this person confirmed?**

ID Type: \_\_\_\_\_

ID Number: \_\_\_\_\_

Issuer: \_\_\_\_\_

**10. Is a photocopy of ID document/s attached? Please circle.**

Yes

No

**If more than one person involved please provide same  
details contained in Section 1 – 10 for each person, where  
appropriate, and attach.**

**PART II – DETAILS OF PERSON/ORGANISATION ON  
WHOSE BEHALF THE TRANSACTION WAS  
CONDUCTED (if applicable)**

**11. Full name of person/organization**

\_\_\_\_\_

**12. Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**13. Occupation, business or principal activity**

\_\_\_\_\_

**14. Give details if this person is a signatory to account  
affected by this transaction**

Account Title/Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Branch: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**PART III – DETAILS OF THE TRANSACTION**

**15. Type of transaction (eg deposit)**

\_\_\_\_\_

**16. Date of transaction**

\_\_\_\_\_  
DAY MONTH YEAR

**17. Total amount of this transaction (include cash and any  
other components of the transaction – If a foreign currency  
is involved, convert the amount to Tongan pa'anga)**

TOP\$ \_\_\_\_\_

**18. If a foreign currency was involved in this transaction,  
specify:**

Foreign Currency \_\_\_\_\_  
(eg New Zealand Dollars)

Foreign Currency Amount \_\_\_\_\_  
(eg NZD\$400,000)

**19. If a cheque / bank draft / money order / telegraphic transfer / transfer of currency or purchase or sale of any security was involved in this transaction, please specify:**

Drawer/Ordering Customer: \_\_\_\_\_

Payee/Favouree/Beneficiary: \_\_\_\_\_

**20. If another financial institution was involved in this transaction, please specify:**

Name of financial institution: \_\_\_\_\_

\_\_\_\_\_

Branch: \_\_\_\_\_ Country: \_\_\_\_\_

**21. Give details of accounts of any OTHER person(s) / organization(s) affected by this transaction.**

Account title: \_\_\_\_\_

Account type: \_\_\_\_\_

Bank/Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

**PART IV – DETAILS OF THE RECIPIENT PERSON/ORGANISATION**

**22. Full name of person/organization**

\_\_\_\_\_

\_\_\_\_\_

**23. Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**24. Occupation, business or principal activity**

\_\_\_\_\_

**25. Reason for transaction (eg. Payment for imports)**

\_\_\_\_\_

\_\_\_\_\_

**26. Details of recipient account (if not already provided)**

Account Title/Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Branch: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**PART V – GROUNDS FOR SUSPICION**

**27. Give details of the nature and circumstances surrounding the transaction and the reason for suspicion. (If there is insufficient space, attach a separate sheet.) PLEASE PRINT IN BLOCK LETTERS.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**28. Is additional information attached to this report? Please circle.**                      Yes                      No

Please specify: \_\_\_\_\_

**PART VI – REPORTING FINANCIAL INSTITUTION / FX DEALER**

**29. Name of Financial Institution or FX Dealer**

\_\_\_\_\_

**30. Name of branch or office where transaction was conducted.**

\_\_\_\_\_

**31. Details of Compliance Officer:**

Given names and surname: \_\_\_\_\_

Job title: \_\_\_\_\_

**32. This statement is made pursuant to the requirement to report suspicious transactions under Kingdom of Tonga laws on the grounds detailed in Part V.**

Signature of Compliance Officer:

SIGN  
HERE

Date: \_\_\_\_\_

DAY                      MONTH                      YEAR

BANK/FX DEALER  
STAMP