

REPUBLIC OF NAURU

ANTI-MONEY LAUNDERING AND TARGETED FINANCIAL SANCTIONS (SUSPICIOUS ACTIVITY REPORT) REGULATIONS 2023

SL No. 19 of 2023	

Notified: 7 July 2023

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The Cabinet makes these Regulations under Section 130 of the *Anti-Money Laundering and Targeted Financial Sanctions Act 2023*:

1 Citation

These Regulations may be cited as the *Anti-Money Laundering and Targeted Financial Sanctions (Suspicious Activity Report) Regulations 2023.*

2 Commencement

These Regulations commence on the day they are notified in the Gazette.

3 Suspicious Activity Report

A reporting entity shall where filing a suspicious activity report, use the Suspicious Activity Report Form in the Schedule.

Schedule

Suspicious Activity Report Form

[Section 59; Regulation 3]



GOVERNMENT OF NAURU

SUSPICIOUS ACTIVITY REPORT

Reporting of suspicious transactions is required by law under Division 5 of Part 4 of the *Anti-Money Laundering and Targeted Financial Sanctions Act 2023* ('Act'). Please complete as many sections as possible. Please complete in INK and CAPITAL LETTERS.

Failure to comply will incur a penalty under Section 67 of the Act. An individual is liable to pay a fine not exceeding \$200,000 or imprisonment for a term not exceeding 10 years or to both. A body corporate is liable to pay a fine not exceeding \$1,000,000.

PART A - IDENTITY OF PERSON CONDUCTING THE SUSPICIOUS TRANSACTION

If more than one person was involved in the transaction, please provide the same details contained in sections 1-9 for each person and attach.

1.	Full name:	2. Permanent Residential Address:	
Als	so known as:		
3.	Phone number	4. Email Address	
(a)	Personal/mobile:	(a) Personal:	
(b)	Residential:	(b) Business:	
(c)	Business:		
	Note: If it is the same number then state accordingly "AS ABOVE"	Note: If it is the same number then state accordingly "AS ABOVE"	
5.	Date of birth (day/month/year):	6. Country of birth:	
7.	Account details (if applicable):	8. Business Address and phone number:	

Account Title/Name:			
Bank: Branch:			
2.4.0.1			
Account Number:	Ph:		
9. Non-resident – Contact details in Nau	ru: 10. Occupation, business or principal activity:		
Address:			
Phone Number:			
11. Is the person a signatory to the Acco affected by this transaction(s):	unt(s) 12. Account Title/Name:		
Yes: No: (please tick)	Account number:		
	Account Type:		
	Financial Institution:		
	Branch/Agency:		
13. Has the identity of this person/corpo	ration been confirmed (eg passport or driver's license)?		
Please tick: yes no If yes, please complete details below:			
ID Type: ID Num	ber: Issuer:		
14. Is a photocopy of ID document/s attached? (please circle) Yes No			
PART B – DETAILS OF PERSON/CORPORATION ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED (if applicable)			
15. Full name of person/corporation, etc	. 16. Occupation, business or principal activity:		
17. Business Address (incl. country):	18. Account details (if applicable): Account Title/Name:		
Physical Address:	Account Type:		

	Bank:	
Phone Number:	Branch:	
	Account Number:	
19. Is the person a signatory to the Account(s) affected by this transaction(s):	20. Account Title/Name:	
Yes: No: (please tick)	Account number:	
	Account Type:	
	Financial Institution:	
	Branch/Agency:	
PART C – TRANSACTION DETAILS		
21. Type of transaction (e.g. deposit/telegraphic transfer):	22. Date of transaction (day/month/year):	
23. Total amount of transaction (specify currency involved):	24. If another financial institution/cash dealer was involved in the transaction, please specify:	
	Name:	
	Location (branch and country):	
25. If a cheque/bank draft/money order/ telegraphic transfer/transfer of currency/ purchase or sale of securities was involved, please specify:		
Drawer/Ordering Customer:	Payee/Beneficiary:	
26. If Another Financial Institution was involved in this transaction, please specify: Name of Financial Institution: Branch/Agency: Country:		
27. Were any accounts of any other person or organization affected by this transaction:	28. Account Title/Name:	

YES:	or	NO:	(please tick)	Account number:
				Account Type:
				Financial Institution:
				Branch/Agency:
PART D - D	ETAIL	S OF THE R	ECIPIENT PERSON/	CORPORATION
29. Full nan	ne of p	erson/corpo	oration:	30. Occupation, business or principal activity:
31. Address	s (incl.	country) an	d phone number:	32. Account details (if applicable):
Business Ad	ddress	3:		Account Title/Name:
				Bank:
Physical Ad	dress	(Home):		
-				Branch:
		Ph:		Account Number:
33. Was any	v othe	r account (s) specified for the re	cipient person(s)/Organization:
	, с	. 40004111 (0)	, opeemen iei me ie	
Account Titl	lo/Nam	no:		
Account In	ic/ivaii	ic.		
Account nu	mbori			
Account number:				
A T				
Account Typ	be:			
Financial Institution:				
Duemak (A non aus				
Branch/Agency:				

PART E – DESCRIPTION OF SUSPICIOUS TRANSACTION			
34. Grounds for suspicion (please tick all appropriate boxes):			
Large, unusual or uneconomic movement of funds to/from another country	Transfer of funds to/from narcotics source countries or known tax havens		
☐ Large scale cash transaction	Unrealistic wealth compared to client profile		
Unusual business activity or transaction	Defensive stance to questioning		
Suspect customer has provided false name or account details	Other		
35. Give details of the circumstances surrounding the transaction (if there is insufficient space, attach a separate page):			
PART F - DETAILS OF REPORTING ENTITY			
36. Full name of business (including branch where applicable):	37. Business address (physical address/Postal address):		
38. Details of Reporting Officer (eg. Financial crime compliance officer)			
Full name (including title):	Phone number:		

Job title:	Fax number:
39. Financial institutions internal reference number (if applicable):	Send completed marked as 'CONFIDENTIAL' forms to:
	Supervisor-Nauru Financial Intelligence Unit
	Government Buildings,
	Yaren District,
	Nauru
40. This statement is made pursuant to the requirement to report suspicious activities under the	For assistance contact:
laws of Nauru on the grounds detailed in Division 5	Nauru Financial Intelligence Unit
of Part 4 of the Anti-Money Laundering and Targeted Financial Sanctions Act 2023.	Phone:5573388
Tillanda Gandions Act 2023.	Fax:
Signature of authorised person (eg. Financial crime	Email: rajasswamy@gmail.com
compliance officer):	Nauru Financial Intelligence Unit Use Only
	Report Number:
	Authorisation:
Date (day/month/year):	