

CRIMINAL JUSTICE (MONEY LAUNDERING & TERRORIST FINANCING) ACT, 2010



GARDA REF. NO. _____ SOURCE REF. NO. _____ DATE _____

<p>NAME OF REPORTING ENTITY:</p> <p>CONTACT: Money Laundering Reporting Officer</p>	<p>(Please tick one of the following boxes)</p> <p><input type="checkbox"/> Credit Institution</p> <p><input type="checkbox"/> Financial Institution</p> <p><input type="checkbox"/> Property Service Provider</p> <p><input type="checkbox"/> Accountant/ Auditor</p> <p><input type="checkbox"/> Tax Advisor</p> <p><input type="checkbox"/> Trust/Company Service Provider</p> <p><input type="checkbox"/> Relevant Independent Legal Professional</p> <p><input type="checkbox"/> Casino/Private Members' Club</p> <p><input type="checkbox"/> Dealers in High Value Goods</p> <p><input type="checkbox"/> Competent Authority</p> <p><input type="checkbox"/> Other</p>
<p>ADDRESS OF REPORTING ENTITY:</p>	<p>CONTACT PHONE NO:</p>
<p>ACCOUNT/POLICY NOS. & DATE BUSINESS RELATIONSHIP COMMENCED:</p>	
<p>CUSTOMER/CLIENT/POLICY NAME(S):</p>	<p>ADDRESS OF CUSTOMER/CLIENT:</p> <hr/> <p>DATE OF BIRTH:</p>
<p>IDENTIFICATION AND/OR REFERENCES PRODUCED (INCLUDING SERIAL NOS./IDENTIFICATION NOS., WHERE APPROPRIATE – PASSPORT NOS., DRIVING LICENCE NOS., ETC.)</p>	
<p>EMPLOYER:</p>	
<p>OCCUPATION:</p>	
<p>NATIONALITY:</p>	

Details of sum(s) leading to suspicion [specifying whether cash, cheque, etc. and details of person carrying out transaction/instructing same. If sum(s) relate(s) to electronic transfers, specify sender/beneficiary details and respective bank details, etc.]

Other relevant information pertaining to the designated person's knowledge, suspicion or reasonable grounds upon which this Suspicious Transaction Report (STR) is based:

(To be continued on additional pages, if required)