

Form II		(Regulation 17)
Proceeds of Crime (Money Laundering Prevention) Regulations Threshold Transactions Report		
PART 1	Reporting Financial Institution Information	
1. Name of Financial Institution		
2. Address of Financial Institution		3. TRN.
		4. Branch address
5. Type of Financial Institution		
PART 2	Person(s) involved in Transaction(s)	
Section A	Persons on whose behalf Transaction is conducted (Customer)	6. Multiple persons <input type="checkbox"/> See Part 6
7. Individual's last name or organization's name		8. First name
		9. M.I.
10. Permanent Address		11. Date of Birth (DD/MM/YYYY)
		12. TRN.
13. Method used to verify identity: a. <input type="checkbox"/> Examined identification credential/document b. <input type="checkbox"/> Known Customer – Information on file		
14. Describe identification credential: a. <input type="checkbox"/> Driver's licence b. <input type="checkbox"/> Passport c. <input type="checkbox"/> National I.D. d. <input type="checkbox"/> Other, specify		
e. issued by:		f. Number:
15. Customer's Account No. and Type		
16. Occupation/Business/Principal Activity:		
Section B	Person(s) conducting transaction (Agent)	17. Multiple persons <input type="checkbox"/> See Part 6
18. Individual's last name or organization's name		19. First Name
		20. M.I.
21. Permanent Address		22. Date of Birth (DD/MM/YYYY)
		23. TRN.
24. Method used to verify identity a. <input type="checkbox"/> Examined Identification credential/document b. <input type="checkbox"/> Known Customer-Information on file		
25. Describe identification credential: a. <input type="checkbox"/> Driver's licence b. <input type="checkbox"/> Passport c. <input type="checkbox"/> National I. D. d. <input type="checkbox"/> Other specify		
e. Issued by:		f. Number

THE PROCEEDS OF CRIME (MONEY LAUNDERING PREVENTION)
REGULATIONS, 2007

Section C	Person(s) benefiting from transaction (Agent)	26. Multiple persons [] See Part 6									
27. Individual's last name or organization's name		28. First Name	29. M.I.								
30. Address											
PART 3	<i>Preparer Information</i>										
31. Last Name		32. First Name	33. M.I.								
34. Title		35. Phone No.									
36. Signature		37. Date of Signature (DD/MM/YYYY)									
PART 4	Contact for Assistance (If different than preparer info. in Part 3)										
38. Last Name		39. First Name	40. M.I.								
41. Title		42. Phone No.									
PART 5	Transaction Details		1. Multiple Transaction []								
2. Transaction Type		3. Date (DD/MM/YYYY)	4. Title								
5. Transaction Currency	6. Transaction Account										
7. Accounts Affected (if any) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Type</td> <td style="width: 50%; text-align: center;">Number</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		Type	Number	_____	_____	_____	_____	_____	_____	8. JA\$ Equivalent	9. JA\$ Exchange Rate
		Type	Number								
		_____	_____								
_____	_____										
_____	_____										
10. US\$ Equivalent	11. US\$ Exchange Rate										
12. Source of funds											
13. Transaction Type		14. Date (DD/MM/YYYY)	15. Time								

16. Transaction Currency		17. Transaction Amount	
18. Accounts Affected (if any) Type Number _____ _____ _____		19. JAS Equivalent	20. JAS Exchange Rate
		21. US\$ Equivalent	22. US\$ Exchange Rate
		23. Source of funds	

24. Transaction Type		25. Date (DD/MM/YYYY)	26. Time
27. Transaction Currency		28. Transaction Account	
29. Account Affected (if any) Type Number _____ _____ _____		30. JAS Equivalent	31. JAS Exchange Rate
		32. US\$ Equivalent	33. US\$ Exchange Rate
		34. Source of funds	

35. Transaction Type		36. Date (DD/MM/YYYY)	37. Time
38. Transaction Currency		39. Transaction Account	
40. Account Affected (if any) Type Number _____ _____ _____		41. JAS Equivalent	42. JAS Exchange Rate
		43. US\$ Equivalent	44. US\$ Exchange Rate
		45. Source of funds	

PART 6	Multiple Persons
---------------	------------------

1. Person Involvement			
a. <input type="checkbox"/> On behalf of (customer) b. <input type="checkbox"/> Conducting (agent) c. <input type="checkbox"/> Beneficiary			
2. Individual's last name or organization's name		3. First name	4 M.I.

THE PROCEEDS OF CRIME (MONEY LAUNDERING PREVENTION)
REGULATIONS, 2007

5. Permanent address		6. Date of Birth (DD/MM/YYYY)	
		7. TRN No.	
8. Method used to verify identity: a. <input type="checkbox"/> Examined identification credential/ document b. <input type="checkbox"/> Known Customer – Information on file			
9. Describe identification credential: a. <input type="checkbox"/> Driver's licence b. <input type="checkbox"/> Passport c. <input type="checkbox"/> National I.D. d. <input type="checkbox"/> Other. specify:			
e. Issued by:		f. Number:	
10. Account No. and Type (if customer):			
11. Occupation/Business/Principal Activity:			
12. Person Involvement			
a. <input type="checkbox"/> On behalf of (customer) b. <input type="checkbox"/> Conducting (agent) c. <input type="checkbox"/> Beneficiary			
13. Individual's last name or organization's name		14. First name	15. M. I.
16. Permanent address		17. Date of Birth (DD/MM/YYYY)	
		18. TRN.	
19. Method used to verify identity: a. <input type="checkbox"/> Examined identification credential/document b. <input type="checkbox"/> Known Customer – Information on file			
20. Describe identification credential: a. <input type="checkbox"/> Driver's licence b. <input type="checkbox"/> Passport c. <input type="checkbox"/> National I.D. d. <input type="checkbox"/> Other. specify			
e. Issued by:		f. Number:	
21. Account No. and Type (if customer):			
22. Occupation/ Business/ Principal Activity:			
23. Permanent Involvement			
a. <input type="checkbox"/> On behalf of (customer) b. Conducting (agent) c. <input type="checkbox"/> Beneficiary			
24. Individual's last name or organization's name		25. First name	26. M.I.
27. Permanent address		28. Date of Birth (DD/MM/YYYY)	
		29. TRN.	
30. Method used to verify identity: a. <input type="checkbox"/> Examined identification credential/document b. <input type="checkbox"/> Known Customer – Information on file			
31. Describe identification credential: a. <input type="checkbox"/> Driver's licence b. <input type="checkbox"/> Passport c. <input type="checkbox"/> National I.D. d. <input type="checkbox"/> Other. specify:			
e. Issued by:		f. Number:	
32. Account No. and Type (if customer):			
33. Occupation/Business/Principal Activity:			