

# REPUBLIC OF NAURU GOVERNMENT GAZETTE PUBLISHED BY AUTHORITY EXTRAORDINARY

No. 133		7 <sup>th</sup> July, 2023	Naurı
G.N.No. 749			
		NDERING AND TARGETED FINANCIAL US ACTIVITY REPORT) REGULATIONS	
		SL No. 19 of 2023	
			Notified: 7 <sup>th</sup> 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.

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# **Schedule**

# **Suspicious Activity Report Form**

[Section 59]



### **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	Eull name:	12	Permanent Pecidential Address
1.	Full name:	2.	Permanent Residential Address:
Als	o known as:		
3.	Phone number	4.	Email Address
, ,			
(a)	Personal/mobile:	(8	a) Personal:
(b)	Residential:	(t	b) Business:
(c)	Business:		
	<b>Note:</b> If it is the same number then state accordingly "AS ABOVE"	No	ote: 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:
Aco	count Title/Name:		
Baı	nk: Branch:		
Account Number:			Ph:
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9. Non-resident – Contact details in Nauru:	10. Occupation, business or principal activity:	
Address:		
Phone Number:		
11. Is the person a signatory to the Account(s) affected by this transaction(s):	12. Account Title/Name:	
Yes: No: (please tick)	Account number:	
	Account Type:	
	Financial Institution:	
	Branch/Agency:	
13. Has the identity of this person/corporation been	confirmed (eg passport or driver's license)?	
Please tick: yes no If yes, please com	plete details below:	
ID Type: ID Number:	Issuer:	
14. Is a photocopy of ID document/s attached? (plea	•	
	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:	

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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 tra involved, please specify:	nsfer/transfer of currency/ purchase or sale of securities was
Drawer/Ordering Customer:	Payee/Beneficiary:
26. If Another Financial Institution was involved in this	transaction, please specify:
Name of Financial Institution:	
Branch/Agency:	
Country:	28. Account Title/Name:
27. Were any accounts of any other person or organization affected by this transaction:	
YES: or NO: (please tick)	Account number:
	Account Type:
	Financial Institution:
	Branch/Agency:

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PART D – DETAILS OF THE RECIPIENT PERSON/CO	DRPORATION	
29. Full name of person/corporation:	30. Occupation, business or principal activity:	
31. Address (incl. country) and phone number:	32. Account details (if applicable):	
Business Address:	Account Title/Name:	
Physical Address (Home):	Bank:	
	Branch:	
Ph:	Account Number:	
33. Was any other account (s) specified for the reci		
Account Title/Name:		
Account number:		
Account Type:		
Financial Institution:		
Branch/Agency:		
PART E - DESCRIPTION OF SUSPICIOUS TRANSAC	CTION	
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 havens	known tax
Large scale cash transaction	Unrealistic wealth compared to client profile	

Defensive stance to questioning

Unusual business activity or transaction

account details

Suspect customer has provided false name or

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35. Give details of the circumstances surrounding the	transaction (if there is insufficient space, attach a separate page):	
PART F - DETAILS OF REPORTING ENTITY		
<b>36. Full name of business</b> (including branch where applicable):	37. Business address (physical address/Postal address):	
38. Details of Reporting Officer (eg. Financial crime com	pliance officer)  Phone number:	
Full name (including title):	Priorie number.	
Job title:	Fax number:	
<b>39.</b> Financial institutions internal reference number (if applicable):	Send completed marked as 'CONFIDENTIAL' forms to:  Supervisor-Nauru Financial Intelligence Unit	
	Government Buildings,	
	Yaren District,	
	Nauru	
<b>40.</b> This statement is made pursuant to the requirement to report suspicious activities under the laws of Nauru on the	For assistance contact:	
grounds detailed in Division 5 of Part 4 of the Anti-Money Laundering and Targeted Financial Sanctions Act 2023.	Nauru Financial Intelligence Unit Phone:5573388	
	Fax:	
Signature of authorised person (eg. Financial crime compliance officer):	Email: rajasswamy@gmail.com	
	Nauru Financial Intelligence Unit Use Only	
	Report Number:	
Date (day/month/year):	Authorisation:	