

FINANCIAL TRANSACTIONS REPORTING (FORMS) REGIJLATIONS 2004

LAURENCE MURRAY GREJG, Chief Justice of the High Court of the Cook Islands

ORDER IN EXECUTIVE COUNCIL At Avarua, Rarotonga, this 18th day of February 2004

Present:

HIS HONOUR THE CHIEF JUSTICE OF THE HIGH COURT OF THE COOK ISLANDS IN EXECUTIVE COUNCIL

PURSUANT to Article 7(1) and sections 10 and 11 of the Financial Transactions Reporting Act 2003, the Chief Justice of the High Court, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

ANALYSIS

- 1 Title
- 2. Interpretation
- 3. Cash transaction report form
- 4. Electronic funds transfer report form
- 5. Suspicious transaction report form

REGULATIONS

1. Title - These regulations may be cited as the Financial Transactions Reporting (Forms) Regulations 2004.

Financial Transactions Reporting (Forms) Regulations 2004

- 2. Interpretation In these regulations, unless the context otherwise requires "Act" means the Financial Transactions Reporting Act 2003.
- 3. Cash transaction report form A financial institution required to report any cash transaction under section 10(1)(a) of the Act, must use the form set out in Schedule I of these Regulations.
- 4. Electronic funds transfer report form . A financial institution required to report any electronic funds transfer under sections 10(1)(b) or 10(1)(c) of the Act, must use the form set out in Schedule 2 of these Regulations.
- 5. Suspicious transaction report form (1) A financial institution required to report any suspicious transaction under sections 11 or 12 of the Act, must use the form set out in Schedule 3 of these Regulations.
- (2) A financial institution must in addition to completing the form set out in Schedule 3, provide the following information to the FIU
 - (a) a copy of all records held by the financial institution concerning the transaction;
 - (b) without limiting the generality of paragraph (a):
 - (i) the name, and all contact details held by the financial institution, of every person known to the financial institution to have been involved in the conduct of the transaction, including every person on whose behalf that transaction was conducted; and
 - (ii) the dates relevant to the transaction;
 - (c) if an account provided by the financial institution is relevant to the transaction, -
 - (i) the type and identifying number of any account used by the financial institution for that transaction; and
 - (ii) a copy of the information and documents required by section 4 of the Act to be obtained and kept by the financial institution in respect of customers of that account; and
 - (iii) a copy of the documentary evidence that is mentioned in section 4 of the Act; and is a record (relating to that account) required by section 6 of the Act to be kept by the financial institution.

P. Arere
Clerk of the Executive Council

These Regulations are administered by the Financial Intelligence Unit

BY AUTHORITY: Cock Islands Government – 2004

SCHEDULE 1

10 Is a photocopy of ID document/s attached?

Yes



CASH TRANSACTION REPORT (CTR) NZ\$10,000 OR MORE

Please complete in INK

If more than one person involved please provide same and in CAPITAL LETTERS details contained in sections 1 - 11 for each person, where appropriate, and attach. Reporting od "significant" cash transactions is required by law under Section 10(1)(a) of the Financial Transactions Reporting Act 2003. PART B - DETAILS OF PERSON/ORGANISATION ON WHOSE BEHALF Penalties exist for failuer to report or to supply full and correct information. THE TRANSACTION WAS CONDUCTED (if applicable) PART A - IDENTITY OF PERSON CONDUCTING 11 Full name of person/organisation THE CASH TRANSACTION 1 Full name (title, given names and surname) 12 Business address (physical and PO Box) _____PO Box:_____ Also known as: 3 Country of birth 2 Date of birth 13 Occupation, business or principal activity Day /Month/ Year 14 Give details if this person is a signatory to account affected by 4 Occupation, business or principal activity this transaction Account Title/Name: 5 Business address (physical and PO Box) Account No. _____ Branch: ____ PO Box: Financial Institution: PART C - DETAILS OF THE TRANSACTION 6 Residential address (cannot be a PO Box) 15 Date of transaction Day / Month / Year 16 Total amount of this transaction (include cash and any other components of the transaction - if a foreign currency is 7 NON RESIDENT - Cook Islands contact address involved, convert the amount to New Zealand dollars) NZ\$ 17 If a Foreign currency was involed in this transaction, specify: 8 Give details if this person is a signatory to account affected by this transaction Foreign Currency _ (eg Hong Kong Dollars) Account Title/Name: Account No. _____ Branch: Foreign Currency Amount ____ Financial Institution: (eg HKD\$400,000) 9 How was the identity of this person confirmed? ID Type: ___ 18 Cash paid IN 19 Cash paid OUT ID Number:

20 Type of transaction(s) involved	PART E - EXPLANATORY NOTES
To of the control of	28 Give details of the nature and circumstances surrounding the
Transfer to another Financial Institution:	transaction if required. PLEASEPRINT IN BLOCK LETTERS
Travellers cheques	
Foreign currency	
Bank cheque	
Account deposit / withdrawal	29 Is additional information attached to this report?
Bank draft	Yes No
Securities	
Precious stones/metals/pearls etc	Please specify: PART F REPORTING FINANCIAL INSTITUTION
Other	30 Type of Financial Institution (eg bank)
21 If a cheque/bank draft/money order/telegraphic transfer/ transfer	30 Type of Financial institution (eg bank)
of currency or purchase or sale of any security was involved in this transaction, please specify:	
	31 Name of Financial Institution
Drawer/Ordering Customer:	
	32 Name of branch or office where transaction was
Payee/Favouree/Beneficiary:	conducted
	33 Business address (physical and PO Box)
22 If another financial institution was involved in this transaction please specify:	PO Box:
Name of Financial Institution:	
Branch:	Country: Phone:
Country:	PART G - FINANCIAL INSTITUTION'S STATEMENT
PART D - DETAILS OF THE RECIPIENT PERSON/ORGANISATION	34 Details of authorised person:
(if applicable)	Given names and surname:
23 Full name of person/organisation	
	Job Title:
24 Business address (physical and PO Box)	Phone:Fax:
	35 This statement is made pursuant to the requirement to report
PO Box:	"significant" cash transactions under Cook Islands laws on the grounds detailed in this report.
	Signature of authorised person
Country: Phone:	Sign here
25 Occupation, business or principal activity	Date:
26 Reason for transaction (eg payment for imports	DAY / MONTH / YEAR
20 Reason for nansaction leg payment for imports	36 Financial Institutions internal reference number (if applicable)
27 Details of recipient account (if not already provided)	
	Send completed forms to: For assistance contact:
Account Title/Name:	Head of FIU Financial Intelligence Unit
Acount No Branch:	PO Box 3219 Phone: (+628)29182 Rarotonga Fax: (+682)29183
Financial Institution:	COOK ISLANDS email: cifiu@oyster.net.ck

SCHEDULE 2

Cook
Islands
Financial
Intelligence
Unit

ELECTRONIC FUNDS TRANSFER REPORT (EFTR)

Please complete in INK and in CAPITAL LETTERS

Reporting of electronic funds transfers, of over NZ\$10,000, is required	
by law under Section 10(1)(b) and (c) of the Financial Transactions	
Reporting Act 2003. Penalties exist for failure to report or to supply	
full and correct information.	Country:
PARTA - DETAILS OF THE TRANSACTION	Account details:
1 Initiating office/branch	
	Account Title/Name:
	Bank:
2 Date of transmission/receipt	Account Number:
	Person who authorised
DAY / MONTH / YEAR	Person who authorised
DAY / MONTH / YEAR	Title:
3 Direction of transmission	Name:
Into Cook Out of Cook	Position with organisati
Islands Islands	rosition with organisati
4 Transaction refrence number	10 Beneficiary custo
Transaction remains	Name:
	Occupation, business of
5 Sending institutions details	Occupation, business t
BIC (where applicable or)	
Name of Bank:	
City: Country:	Business/Residential a
	<u> </u>
6 Receiving institutions details	
BIC (where applicable or)	
Name of Bank:	Country:
City:Country:	Account details:
	Account Title/Name:
7 Date funds available	Bank:
	-
DAY / MONTH / YEAR	Account Number:
	Person identified to rec
8 If a Foreign currency was involed in this transaction,	Title:
specify:	Name:
Foreign Currency	Position with organisati
(eg Hong Kong Dollars)	11 Sender's Corresp
	Name of Bank:
Foreign Currency Amount	City:
(eg HKD\$400,000)	
PART B - INVOLVED PARTY AND INSTITUTION DETAILS	12 Receiver's Corres
9 Ordering customer/organisation (SWIFT field 50)	Name of Bank:
Name:	City

Occupation, business or principal activity	
Business/Residential address (physical and PO Box)	
PO Box:	
Country: Phone:	
Account details:	
Account Title/Name:	
Bank: Branch:	
Account Number:	
Person who authorised transfer:	
Title:	
Name:	
Position with organisation:	
10 Beneficiary customer/organisation	(SWIFT field 59)
Name:	
Occupation, business or principal activity	
Business/Residential address (physical and PO Box)	
PO Box:	
Country: Phone:	
Account details:	
Account Title/Name:	
Bank: Branch:	
Account Number:	
Person identified to receive payment (if applicable)	
Title:	
Name:	
Position with organisation:	
11 Sender's Correspondent	
Name of Bank:	
City:Country:	
12 Receiver's Correspondent	
Name of Bank:	

Country:

PART C - ADDITIONAL PAYMENT DETAILS	17 Is additional information attac	ched to this report?
13 Details of peyment (SWIFT field 72 - Additional information for the beneficiary customer regarding the payment eg invoice number)	No	Yes
	Please specify:	
14 Sender to Receiver information (SWIFT field 72 - Additional information for thereceiving institution - also known as Bank to Bank information)		
	PART D - REPORTING FI	NANCIAL INSTITUTIONS
	18 Type of Financial Institution (e	eg bank)
	19 Name of Financial Institution	
	19 Name of branch or office whe	re transaction was conducted
15 Additional information (include Intermediary bank details,		
related reference number, ordering and beneficiary institutions (SWIFT field reference - related reference number - 21, ordering institution - 52,	21 Business/Residential address	
intermediary - 56, beneficiary institution - 58)		Box:
	Country:	Phone:
	23 This statement is made pursus suspicious transactions under detailed in Part E.	ant to the requirement to report Cook Islands laws on the grounds
	Signature of authorised person	
	Sign here	
16 Any other information deemed relevant	Date:	
7.17 Carlot Information accounted relief and	DAY / MONTH	
	24 Financial Institutions internal applicable)	reference number (if
	Send completed forms to:	For assistance contact:
	Head of FIU	Financial Intelligence Unit
	PO Box 3219	Phone: (+628)29182
	Rarotonga	Fax: (+682)29183
	COOK ISLANDS	email: cifiu@oyster.net.ck

SCHEDULE 3



SUSPICIOUS TRANSACTION REPORT (STR)

Please complete in INK and in CAPITAL LETTERS

Reporting of suspicious transactions is required by

law under Section 11(1) of the Financial Transactions Reporting Act 2003. Penalties exist for failuer to report or to supply full and correct information.		
	PERSON CONDUCTING S TRANSACTION	
1 Full name (title, given names and surname)		
Also known as:		
2 Date of birth	3 Country of birth	
Day (Marsh) Van		
Day /Month/ Year		
4 Occupation, business or princ	ipal 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 - Cook Islands contact address		
Country:	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:		
leeuer.		

10 Is a photocopy of ID document/s attached?		
Yes No		
If more than one person involved please provide same details contained in sections 1 - 11 for each person, where appropriate, and attach.		
PART B - DETAILS OF PERSON/ORGANISATION ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED (if applicable)		
11 Full name of person/organisation		
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 C - 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 New Zealand dollars)		
NZ\$		
18 If a Foreign currency was involed in this transaction, specify:		
Foreign Currency (eg Hong Kong Dollars)		
Foreign Currency Amount (eg HKD\$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	28 Is additional information attached to this report?
transaction please specify:	Yes No
Name of Financial Institution:	
	Please specify
Branch:Country:	PART F - REPORTING FINANCIAL INSTITUTION
21 Give details of accounts of any OTHER person(s) / organisation(s)	
affected by this transaction	29 Type of Financial Institution (eg bank)
A account Title:	
Account Title:	30 Name of Financial Institution
Account type:	30 Name of Financial Institution
Post (Figure 1) to the	
Bank/Financial Institution:	31 Name of branch or office where transaction was
Branch:	conducted
Account Number:	
PART D - DETAILS OF THE RECIPIENT PERSON/ORGANISATION	32 Business address (physical and PO Box)
22 Full name of person/organisation	DO Boy
Circiana Wishanan	PO Box:
Simiona Wichman	
23 Business address (physical and PO Box)	Division of the second of the
PO Box:	Country: Phone:
	PART G - FINANCIAL INSTITUTION'S STATEMENT
	33 Details of authorised person:
Country: Phone:	Given names and surname:
	GNOT Hamos and sumano.
24 Occupation, business or principal activity	Job Title:
	Phone: Fax:
25 Reason for transaction (eg payment for imports)	
23 Reason for transaction (eg payment for imports)	34 This statement is made pursuant to the requirement to report suspicious transactions under Cook Islands laws on the
	grounds detailed in Part E.
26 Details of recipient account (if not already provided)	Citure of suth side of source
	Signature of authorised person Sign
Account Title/Name:	here
Acount No.	Data
	Date:
Financial Institution:	DAY / MONTH / YEAR
PART E - GROUNDS FOR SUSPICION	35 Financial Institutions internal reference number (if
27 Give details of the nature and circumstances surrounding the	applicable)
transaction and the reason for suspicion. (If there is	
insufficient space, attach a separate sheet). PLEASE PRINT IN BLOCK LETTERS.	
IN BEOOK EET VERG.	
	Send completed forms to: For assistance contact:
	Financial Intelligence Unit Head of FIU
	Phone: (+628)29182
	Dorotongo
	COOK ISLANDS
	email: cifiu@oyster.net.ck