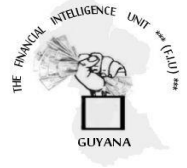


FIU Ref. \_\_\_\_\_



## FINANCIAL INTELLIGENCE UNIT TERRORIST PROPERTY REPORT (TPR)

In accordance with the Anti-Money Laundering and Countering the Financing of Terrorism (AMLCFT)  
Regulations No. 4 of 2015 made under the AMLCFT Act Cap. 10:11

### PART I INFORMATION ABOUT THE DESIGNATED OR SPECIFIED PERSON OR ENTITY

#### *Particulars of designated or specified person or entity\**

Indicate whether report concerns:

- a. Individual  [ ]  
b. Group or Entity  [ ]

If it is a Group or Entity (designated or specified entity), complete fields 1 and 2-4. If it is an individual (designated or specified person), complete fields 1.A – 6.B

1. Full name of Group or Entity.

\_\_\_\_\_

1.A Surname of individual \_\_\_\_\_ 1.B First Name of individual \_\_\_\_\_

1.C Other name(s) \_\_\_\_\_ 1.D Alias \_\_\_\_\_

2. Address \_\_\_\_\_  
(village, town, street, lot no.)

3. Phone number \_\_\_\_\_

4. Date of birth/ incorporation/registration \_\_\_\_\_  
MM/DD/YYYY

5. Nationality (if applicable) \_\_\_\_\_

6. If an individual, please tick method used to verify identity: (please attach copy)

(a) National Identification Card  (b) Passport

(c) Other (please specify)

6.A Date of issue \_\_\_\_\_  
MM/DD/YYYY

6.B Number \_\_\_\_\_

### PART II INFORMATION ABOUT ANYONE WHO OWNS OR CONTROLS THE PROPERTY ON BEHALF OF A DESIGNATED OR SPECIFIED PERSON OR ENTITY

Particulars of entity or individual who owns or controls the property on behalf of a designated or specified person or entity named above. If it is a group or entity, complete fields 7 and 8-10. If it is an individual, complete fields 7.A-12.B\*

7. Full name of group or entity.

\_\_\_\_\_

7.A Surname of individual \_\_\_\_\_ 7.B First Name of individual \_\_\_\_\_

7.C Other Name(s) \_\_\_\_\_ 7.D Alias \_\_\_\_\_

8. Address \_\_\_\_\_  
(village, town, street, lot no.)

9. Phone number \_\_\_\_\_

10. Date of birth/ incorporation/registration \_\_\_\_\_  
MM/DD/YYYY

11. Nationality (if applicable) \_\_\_\_\_

12. If an individual, tick method used to verify identity: (please attach copy)

(a) National Identification Card  (b) Passport

(c) Other (please specify)

12.A Date of issue \_\_\_\_\_  
MM/DD/YYYY

12.B Number \_\_\_\_\_

### **PART III INFORMATION ABOUT THE PROPERTY/FUNDS OR OTHER ASSETS**

*Type of property\**

Cash  Bank account  Insurance policy  Money order

Real estate  Securities  Travellers cheques

Other Specify \_\_\_\_\_

*(A) If property involves an account:*

13. Branch name \_\_\_\_\_

14. Account No. \_\_\_\_\_

14.A Type of account: Personal

Business

Trust

Other

Description of other \_\_\_\_\_

15. Actual or approximate value \_\_\_\_\_ as at \_\_\_\_\_  
MM/DD/YYYY

16. Type of currency \_\_\_\_\_

17. Full name of each account holder (where applicable) \_\_\_\_\_

18. Date opened \_\_\_\_\_  
MM/DD/YYYY

19. Date closed (if applicable) \_\_\_\_\_  
MM/DD/YYYY

20. Status of account:  Active  Inactive  Dormant

Other (specify) \_\_\_\_\_

*(B) If property involves a transaction:*

21. Date of transaction \_\_\_\_\_  
MM/DD/YYYY

22. Type of funds or other property involved in initiating the transaction:

- Cash                                       Jewellery                                       Negotiated securities  
 Negotiated travellers cheque       Redeemed casino chips                       Diamonds  
 Negotiated bank draft                       Negotiated money order                       Precious metal  
 Real estate                                       Withdrawal from account                       Negotiated cheque  
 Incoming electronic funds transfer       Negotiated life insurance policy  
 Other (Specify) \_\_\_\_\_

23. Amount of transaction \_\_\_\_\_

24. Type of currency (if applicable) \_\_\_\_\_

25. How was the transaction conducted?

- In branch/office/store                       Mail deposit                                       Automated banking machine  
 Courier     Phone  
 Other:                                      Specify \_\_\_\_\_

**PART IV      INFORMATION ABOUT THE INDIVIDUAL WHO CONDUCTED OR PROPOSED TO CONDUCT THE TRANSACTION(S)**

*Particulars of individual who conducted or proposed to conduct the transaction(s)\* (if applicable)*

26.A Surname of individual \_\_\_\_\_      26.B First Name of individual \_\_\_\_\_

26.C Other Name(s) \_\_\_\_\_      26.D Alias \_\_\_\_\_

27. Address \_\_\_\_\_  
(village, town, street, lot no.)

28. Phone number \_\_\_\_\_      29. Date of birth \_\_\_\_\_  
MM/DD/YYYY

30. Nationality \_\_\_\_\_

31. Tick method used to verify identity: (please attach copy)

- (a) National Identification Card                       (b) Passport  
 (c) Other (please specify)

31.A Date of issue \_\_\_\_\_      31.B Number \_\_\_\_\_  
MM DD YYYY

32. Occupation \_\_\_\_\_      33. Employer \_\_\_\_\_

34. Business Address of Employer \_\_\_\_\_  
(village, town, street, lot no.)

35. Business Telephone No. of Employer \_\_\_\_\_

**PART V INFORMATION ABOUT PERSON OR ENTITY FILING REPORT**

*Particulars of Reporting Entity or individual filing report\**

36.A Full name of Entity or last name of individual \_\_\_\_\_

36.B Other Name(s) \_\_\_\_\_ 36.C First Name \_\_\_\_\_

37. Address \_\_\_\_\_  
(village, town, street, lot no.)

*If activity occurred at a branch office*

38. Full name of branch office \_\_\_\_\_

39. Address \_\_\_\_\_  
(village, town, street, lot no.)

40. Type of reporting entity (if applicable) \_\_\_\_\_

**PART VI COMPLIANCE OFFICER/PERSON ACTING ON BEHALF OF COMPLIANCE OFFICER**

*Particulars of person completing report\**

41.A Surname \_\_\_\_\_

41.B Other Name(s) \_\_\_\_\_

41.C First Name \_\_\_\_\_

42 Job title \_\_\_\_\_

43. Phone no. \_\_\_\_\_

44. Date report was prepared \_\_\_\_\_  
MM/DD/YYYY

Signature \_\_\_\_\_

Stamp/Seal of Reporting Entity if any:



**PART VII REASON FOR FILING THIS REPORT**

**Provide details of why you are filing a report about property in your possession or control.**

Include a clear and complete description of the events that led you to make this report, with as many details as possible.

Include an explanation of how you came to be in possession or control of the property.

Provide as many details as possible about how you know this property is owned or controlled by or on behalf of a terrorist or a terrorist group or how you believe this property is owned or controlled by or on behalf of a designated person.

Send completed report and associated documents to:

**The Director  
Financial Intelligence Unit  
c/o Ministry of Finance  
Main & Urquhart Streets  
Georgetown, Guyana**