CONFIDENTIAL WHEN COMPLETED

REPORT OF SUSPECTED MONEY LAUNDERING ACTIVITY
To: Money Laundering Reporting Officer (MLRO) or Deputy________________________ **From:** ____ *(Insert employee name and job title)* **Business Unit:**____ *(Insert Business Unit)* **Ext/Tel No**.:____

DETAILS OF SUSPECTED MONEY LAUNDERING ACTIVITY

Names(s) and address(es) of person(s) involved: *(If a company/public body please include details of the nature of business if known)*

Nature, value and timing of activity involved (continues overleaf): *(Please include full details e.g. dates(s); what payment was for and if this is a single transaction or has been identified as one of a series of transactions. Include all available evidence of the activity. Continue on a separate sheet if necessary).*
Dates (s):
Description of activity:

Amount(s):
Where activity took place:
Evidence: *(Please list and attach if possible)*

Reasons for suspicion of money laundering activity: *(Please continue on a separate sheet if necessary)*

Has any investigation been undertaken (as far as you are aware)?
☐ Yes ☐ No **If yes, please include details:**

Have you discussed your suspicions with anyone else?
☐ Yes ☐ No **If yes, please provide details of who discussions took place with and explain why such discussion was necessary:**

Have you consulted any supervisory body guidance re money laundering? (e.g. the Law Society)
☐ Yes ☐ No **If yes, please detail below:**

Do you feel there is a reasonable excuse for the Money Laundering Reporting Officer not to disclose the matter to NCA? (e.g. are you a lawyer and wish to claim legal professional privilege?
☐ Yes ☐ No **If yes, please set out full details below:**

Are you involved in a transaction which might be a prohibited act under sections 327-329 of the Proceeds of Crime Act 2002 and which requires appropriate consent from the NCA?
☐ Yes ☐ No **If yes, please set out full details below:**
Deadline (e.g. a completion date or court deadline):

Please set out below any other information you feel is relevant:

Type your name: ________________________ Dated: _________________

This form should be passed directly to the MLRO or deputy.

IMPORTANT: Please do not discuss the content of this report with anyone you believe to be involved in the suspected money laundering activity directly or indirectly with anyone else who could alert the suspect(s) that they are under investigation. To do so may constitute a 'tipping off' offence under the legislation, which carries a maximum penalty of five years' imprisonment.

THIS SECTION IS FOR MLRO USE ONLY

Reference Number Allocated: ____

Date report received: ____

Date receipt of report acknowledged: ______________________________________

CONSIDERATION OF DISCLOSURE TO THE NCA

Action plan:

OUTCOME OF CONSIDERATION OF DISCLOSURE

Are there reasonable grounds for suspecting money laundering activity?
☐ Yes ☐ No **Confirm reason(s) below:**

If there are reasonable grounds for suspicion, will a Suspicious Activity Report (SAR) be made to the NCA?
☐ Yes ☐ No **If yes, please complete 'details of liaison with the NCA regarding the report' section below.**

DETAILS OF LIAISON WITH THE NCA REGARDING THE REPORT

Date report made to NCA:

Notice Period: From __________________________ to ___________________________.

Moratorium Period: From ______________________ to ___________________________.

CONSENT REQUIRED FROM NCA

Is consent required from the NCA to any ongoing or imminent transactions which would otherwise be prohibited acts?
☐ Yes ☐ No **If yes, please confirm full details:**

DETAILS OF LIAISON WITH THE NCA REGARDING CONSENT

Date consent requested from NCA:

Notice Period: From: _____________________ To: _____________________
(The NCA has 7 working days starting the first working day after the consent request is made to refuse continuation of the activity. If no refusal has been received consent is deemed to have been given and the activity may continue).

Moratorium Period: From: _____________________ To: _____________________
(If consent is refused during the notice period, a further 31 days starting with the day on which the consent is refused must elapse before the activity may continue. In the absence of any action to restrain the activity by law enforcement during the moratorium period the activity may continue).

Date and time consent given by the NCA: _____________________

NCA Consent Reference: ____________________ **Name and Contact Number of SOCA Officer: ____________________** **Date consent given by you to the employee: ____________________**

If there are reasonable grounds to suspect money laundering, buy you do not intend to report the matter to the NCA, please set out below the reason(s) for non-disclosure.
(Include details of any discussions with other Officers e.g. Legal Services, together with name(s) and advice given.) **Date consent given by you to the employee for any prohibited act transactions to proceed: ____________________**

Any other relevant information:

Type your name: ________________________ Dated: ___________________

IMPORTANT: This report and all other records relating to an investigation of suspected Money Laundering activity whether or not reported to the NCA must be kept in a confidential file for that purpose and retained for at least five years from the conclusion of the investigation.

Conclusion date:
Date for destruction: