



BANKING COMMISSION

P.O. Box D
Majuro, Marshall Islands 96960

PHONE: (692) 625-6310 FAX: (692) 625-6309

SUSPICIOUS ACTIVITY REPORT

ALWAYS COMPLETE ENTIRE REPORT (see instructions)

1 ☐ Corrects Prior Report (Check box only if correcting a prior report)

Part I Reporting Financial Institution Information

2 Name of Financial Institution		3 EIN
4 Address of Financial Institution		
5 Address of Branch Office(s) where activity occurred		<input type="checkbox"/> Multiple Branches (include information in narrative, Part VI)
6 Account number(s) affected, if any		
a _____		Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No
b _____		Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No
c _____		Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No
d _____		Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Suspect Information

7 Last Name or Name of Entity		8 First Name	9 Middle
10 Address		11 SSN, PN, DN, EIN or TIN	
		12 Country	
13 Phone Number – Residence (include area code)		14 Phone Number – Work (include area code)	
15 Occupation/Type of Business		16 Date of Birth MM / DD / YY	17 Admission/Confession? a <input type="checkbox"/> Yes b <input type="checkbox"/> No
18 Forms of Identification for Suspect: a <input type="checkbox"/> Driver's License/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien Registration d <input type="checkbox"/> Other _____ Number _____			
19 Relationship to Financial Institution: a <input type="checkbox"/> Accountant d <input type="checkbox"/> Attorney g <input type="checkbox"/> Customer j <input type="checkbox"/> Officer b <input type="checkbox"/> Agent e <input type="checkbox"/> Borrower h <input type="checkbox"/> Director k <input type="checkbox"/> Shareholder c <input type="checkbox"/> Appraiser f <input type="checkbox"/> Broker l <input type="checkbox"/> Employee i <input type="checkbox"/> Other _____			
20 Is the relationship an insider relationship a <input type="checkbox"/> Yes b <input type="checkbox"/> No If Yes, specify c <input type="checkbox"/> Still employed at financial institution e <input type="checkbox"/> Terminated d <input type="checkbox"/> Suspended f <input type="checkbox"/> Resigned		21 Date of Suspension, Termination, Resignation MM / DD / YY	

Part III Suspicious Activity Information

22 Date or range of suspicious activity		23 Total dollar amount involved in known or suspicious activity \$ _____ 00	
24 Summary characterization of suspicious activity: a <input type="checkbox"/> Money Laundering g <input type="checkbox"/> Counterfeit Check m <input type="checkbox"/> False Statement b <input type="checkbox"/> Bribery/Gratuity h <input type="checkbox"/> Counterfeit Credit/Debit Card n <input type="checkbox"/> Misuse of Position or Self Dealing c <input type="checkbox"/> Check Fraud i <input type="checkbox"/> Counterfeit Instrument (other) o <input type="checkbox"/> Mortgage Loan Fraud d <input type="checkbox"/> Commercial Loan Fraud j <input type="checkbox"/> Credit Card Fraud p <input type="checkbox"/> Mysterious Disappearance e <input type="checkbox"/> Computer Intrusion k <input type="checkbox"/> Debit Card Fraud q <input type="checkbox"/> Wire Transfer Fraud f <input type="checkbox"/> Consumer Loan Fraud l <input type="checkbox"/> Defalcation/Embezzlement r <input type="checkbox"/> Other, specify _____ (Type of Activity)			
25 Amount of loss prior to recovery (if applicable) \$ _____ 00		26 Dollar amount of recovery (if applicable) \$ _____ 00	
27 Has the suspicious activity had a material impact or otherwise affected the financial soundness of the institution? a <input type="checkbox"/> Yes b <input type="checkbox"/> No			
28 Has any law enforcement agency already been advised by telephone, written communication, or otherwise? a <input type="checkbox"/> National Police c <input type="checkbox"/> Majuro Atoll Local Police b <input type="checkbox"/> Attorney General's Office d <input type="checkbox"/> Kwajalein Atoll Local Police			
29 Name of person(s) contacted at Law Enforcement Agency		30 Phone Number (include area code) ()	
31 Name of person(s) contacted at Law Enforcement Agency		32 Phone Number (include area code) ()	

Part IV Contact for Assistance

33 Last Name or Name of Entity		34 First Name	35 Middle
36 Title/Occupation	37 Phone Number (include area code) ()		38 Date Prepared ____ / ____ / ____ MM DD YY
39 Agency (if not filed by financial institution)		<input type="checkbox"/> Multiple Branches (include information in narrative, Part V)	

Part V Suspicious Activity Information Explanation/Description

Explanation/description of known or suspected violation of law or suspicious activity.

This section of the report is critical. The care with which it is written may make the difference in whether or not the described conduct and its possible criminal nature are clearly understood. Provide below a chronological and complete account of the possible violation of law, including what is unusual, irregular or suspicious about the transaction, using the following checklist as you prepare your account. If necessary, continue the narrative on a duplicate of this page.

- a Describe supporting documentation and retain for 5 years.
- b Explain who benefited, financially or otherwise, from the transaction, how much, and how.
- c Retain any confession, admission, or explanation of the transaction provided by the suspect and indicate to whom and when it was given.
- d Retain any confession, admission, or explanation of the transaction provided by any other person and indicate to whom and when it was given.
- e Retain any evidence of cover-up or evidence of an attempt to deceive national regulators or other.

- f Indicate where the possible violation took place (e.g., main office, branch, other).
- g Indicate whether the possible violation is an isolated incident or relates to other transactions.
- h Indicate whether there is any related litigation; if so, specify.
- i Recommend any further investigation that might assist law enforcement authorities.
- j Indicate whether any information has been excluded from this report; if so, why?
- k If you are correcting a previously filed report, describe the changes that are being made.

Include the following additional information:

- l Indicate whether currency and/or monetary instruments were involved. If so, provide the amount and/or description of the instrument (for example, bank draft, letter of credit, domestic or international money order, stocks, bonds, traveler's checks, wire transfers sent or received, cash, etc.).
- m Indicate any account number that may be involved or affected.