

Date: / /

For the use of the Unit

SAR No.:

Date of SAR:

SAR for a Transaction Suspected to be related to Money Laundering or Terrorist Financing to be Filled by Entities Providing Postal Services

New SAR

Amendment to a previous SAR

First: Information about the reporter

1- The postal service provider name.....

2- Information of registration at the competent authorities (as the case may be)

| | | | |
|------------------|--|---------------------------|-----|
| Registration No. | | Registration Date | / / |
| Company Type | | Establishment National ID | |

3- Authorized signatory/ signatories

| | | | | | |
|------|--|-------------|--|-------|--|
| Name | | National ID | | Title | |
| Name | | National ID | | Title | |

4- Address in Jordan

| | | | | | |
|-------------|--|-------------|--------------|---------------|--|
| Governorate | | City | | District | |
| Street | | | Building No. | | |
| P.O. Box | | Postal Code | | Telephone No. | |
| Mobile No. | | | Fax No. | | |

5- Reporting Officer name:

| | | | |
|------------|--|-------|--|
| Mobile No. | | Email | |
|------------|--|-------|--|

6- The branch that the transaction has been done in:

Second: Information about the Suspect

A-Natural Person

1- Person name

Subject to legal liability stipulated in the Anti Money Laundering and Counter Terrorist Financing Law in force, the confidentiality of information provided in the SAR form shall be maintained and the same may not be disclosed to any non- competent entity including the suspicious client

2- Nature of activity.....

3- ID document information

| | | | | | |
|------------------------|-----------------------------------|----------------|--|-------------------------------|---------------------------------|
| Document type | Document No. | Nationality | National ID for Jordanians | Gender | |
| | | | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Place of issuance | | Issuance date | / / | Expiry date | / / |
| Date of birth | / / | Place of Birth | | | |
| 4- Employer | | | | | |
| 5- Residence indicator | <input type="checkbox"/> Resident | | <input type="checkbox"/> Non- resident | | |

6- Permanent residence address

| | | | | | |
|---------------|--|------------|--|-------------|--|
| Country | | P.O.Box | | Postal Code | |
| Telephone No. | | Mobile No. | | Fax No. | |

7- Address in Jordan

| | | | | | |
|-------------|--|-------------|--------------|---------------|--|
| Governorate | | City | | District | |
| Street | | | Building No. | | |
| P.O. Box | | Postal Code | | Telephone No. | |
| Mobile No. | | | Fax No. | | |

B-Legal Person:

1- Commercial name.....

2- Company or establishment name.....

3- Information of registration at the competent authorities

| | | | |
|--|--|-----------------------------------|--|
| Registration No. | | Registration Date | / / |
| Company Type | | Nature of activity | |
| Nationality | | Establishment National ID | |
| Does the company have a relationship with other companies? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specify..... | | | |
| 4- Residence Indicator | | <input type="checkbox"/> Resident | <input type="checkbox"/> Non -resident |

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5- Permanent residence address

| | | | | | |
|---------------|--|------------|--|-------------|--|
| Country | | P.O.Box | | Postal Code | |
| Telephone No. | | Mobile No. | | Fax No. | |

6- Address in Jordan

| | | | | | |
|-------------|--|-------------|--------------|---------------|--|
| Governorate | | City | | District | |
| Street | | | Building No. | | |
| P.O. Box | | Postal Code | | Telephone No. | |
| Mobile No. | | | Fax No. | | |

7- Authorized signatories

| Name | Nationality | National ID. | Title |
|------|-------------|--------------|-------|
| | | | |
| | | | |

Third: The relationship between the suspect and the reporting entity

1- Is there a relationship between the suspect and the reporting entity?

- Yes No

2- Nature of the relationship between the suspect and the reporting entity

| |
|--|
| <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Accountant <input type="checkbox"/> Lawyer <input type="checkbox"/> Other (specify)..... |
| Is it a functional relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is yes, what is the nature of that relationship? <input type="checkbox"/> Employed <input type="checkbox"/> Suspended <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned Date of Suspension/ Termination/ Resignation: / / |

Forth: Beneficial owner

1- Beneficial owner name

2- ID document information

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| | | | | | |
|------------------------|--------------|-----------------------------------|----------------------------|--|---------------------------------|
| Document type | Document No. | Nationality | National ID for Jordanians | Gender | |
| | | | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Place of issuance | | Issuance date | / / | Expiry date | / / |
| Date of birth | | | Place of Birth | | |
| 3- Type of Activity | | | 4- Employer | | |
| 5- Residence indicator | | <input type="checkbox"/> Resident | | <input type="checkbox"/> Non- resident | |

6- Permanent residence address

| | | | | | |
|---------------|--|------------|--|-------------|--|
| Country | | P.O.Box | | Postal Code | |
| Telephone No. | | Mobile No. | | Fax No. | |

7-Address in Jordan

| | | | | | |
|-------------|--|-------------|--------------|---------------|--|
| Governorate | | City | | District | |
| Street | | | Building No. | | |
| P.O. Box | | Postal Code | | Telephone No. | |
| Mobile No. | | | Fax No. | | |

Fifth: Information related to the suspicious transaction

| | | | |
|---|--|------------------------------------|--|
| 1- Transaction date: / / | | | |
| 2- Suspicion Date: / / | | | |
| 3-Transaction value: | | | |
| Currency | | Transaction value equivalent in JD | |
| 3- Type of the transaction: | | | |
| <input type="checkbox"/> Issuing transfers <input type="checkbox"/> Receiving transfers <input type="checkbox"/> Sending consignments <input type="checkbox"/> Receiving consignments | | | |
| <input type="checkbox"/> Other (Specify)..... | | | |

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5-Method of payment

| | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Money transfer from a foreign bank | <input type="checkbox"/> Cheques |
| <input type="checkbox"/> Credit card | <input type="checkbox"/> Other (Specify)..... | |
| 6-Name of the person who paid: | | |
| 7-Bank name (ordering institution/ cheque drawee/ card issuer) | | |
| 8-The Country in which the Bank exists | | |

Sixth: Suspicion Type

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Forgery | <input type="checkbox"/> Embezzlement | <input type="checkbox"/> Fraud | <input type="checkbox"/> Manipulating with financial markets |
| <input type="checkbox"/> Organised crime | <input type="checkbox"/> Terrorist financing | <input type="checkbox"/> Theft | <input type="checkbox"/> Illicit trafficking in weapons |
| <input type="checkbox"/> Trafficking in humans | <input type="checkbox"/> Trafficking in drugs | <input type="checkbox"/> Other (Specify)..... | |

Seventh: a brief description of the suspicious transaction (attaching the available documents and evidences):

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Eighth: Suspicion reasons and justifications:

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Ninth: Actions taken by the reporting entity for the suspicion verification:

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Signature

Seal

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