

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
Filed by Entities Subject to the Provisions of AML/CTF
Instructions in Securities Activities**

New SAR

Amendment to a previous SAR

First: Information about the reporter

- 1- Commercial name.....
- 2- Company Name
- 3- Information of registration at the competent authorities

Registration No.		Registration Date	/ /
Company Type		Nature of Activity	
Nationality		Establishment National ID	

4- Authorized signatory/ signatories

Name		National ID		Title	
Name		National ID		Title	

5- Address in Jordan

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

6- Reporting Officer name:

Mobile No.		Email	
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7- The branch that the transaction has been done in:

Second: Information about the Suspect

Subject to legal liability stipulated in the Anti Money Laundering and Counter Terrorist Financing Law in force, the confidentiality of the 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

A-Natural Person

1- Person name

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			
Employer						
4- Residence indicator		<input type="checkbox"/> Resident		<input type="checkbox"/> Non- resident		

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.		

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	

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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

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"/> 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: / /

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Forth: Beneficial owner

1- Beneficial owner name

2- ID document information

Document type	Document No.	Nationality	National ID for Jordanians	Gender	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of birth			Place of Birth		
Place of issuance		Issuance date	/ /	Expiry date	/ /
3- Nature 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	
4- Service type:			
<input type="checkbox"/> Brokerage <input type="checkbox"/> Investment Trust <input type="checkbox"/> Investment Management <input type="checkbox"/> Financial Advice <input type="checkbox"/> Safe Custody <input type="checkbox"/> Issuance Management <input type="checkbox"/> Margin Finance <input type="checkbox"/> Issuance Trust <input type="checkbox"/> Others (Specify).....			

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5- Transaction nature:		
<input type="checkbox"/> Purchasing security <input type="checkbox"/> Selling security <input type="checkbox"/> Issuance covering <input type="checkbox"/> Loan issuance bonds		
6-Type of security:		
<input type="checkbox"/> Securities depository receipts <input type="checkbox"/> Transferable and tradable companies shares <input type="checkbox"/> Equity option bonds <input type="checkbox"/> Spot contracts and forward contracts <input type="checkbox"/> Put and call option contracts <input type="checkbox"/> Shares and investment units of Mutual Funds <input type="checkbox"/> Bonds issued by companies <input type="checkbox"/> Securities issued by the government, official public institutions, public institutions or municipalities <input type="checkbox"/> Any right to acquire any of the aforementioned in the Items above <input type="checkbox"/> Other, please specify		
7-Method of payment		
<input type="checkbox"/> Cash	<input type="checkbox"/> Money transfer from a foreign bank	<input type="checkbox"/> Cheques
<input type="checkbox"/> Other (Specify).....		
8-Name of the person who paid:		
9-Bank name (ordering institution/ cheque drawee/ card issuer)		
10-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"/> Organized 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 & 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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