

Date: / /

For the use of the Unit

SAR No.:

Date of SAR:

SAR for a Transaction Suspected to be Related to Money Laundering and Terrorist Financing to be Filled by Entities Exercising Financial Activities

New SAR

Amendment to a previous SAR

First: Information about the reporter

1- Commercial name.....

2- Type of the commercial registration: Company Individual Company

3- Company or establishment Name:

4- Information of the company's registration at the competent authorities

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

5- Authorized signatory/ signatories

Name		National ID		Title	
Name		National ID		Title	

6- Address in Jordan

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

7- Reporting Officer name:

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

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

Second: Information about the Suspect

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			
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 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
Place of issuance		Issuance date	/ /	Expiry date	/ /
Date of birth			Place of Birth		
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-Type of transaction:			
<input type="checkbox"/> Granting credit <input type="checkbox"/> Managing investments <input type="checkbox"/> Managing financial assets <input type="checkbox"/> Trading in stock exchange market instruments <input type="checkbox"/> Purchasing debts <input type="checkbox"/> Selling debts <input type="checkbox"/> Financial leasing <input type="checkbox"/> Trading in capital market instruments <input type="checkbox"/> Providing payment services <input type="checkbox"/> Providing collection services <input type="checkbox"/> Issuing payments instruments <input type="checkbox"/> Issuing credit instruments <input type="checkbox"/> Managing payments instruments <input type="checkbox"/> Managing credit instruments <input type="checkbox"/> Others (Specify).....			

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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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