

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 Persons or Companies Exercising Any of the Activities Subject to the Supervision and Licensing of the Insurance Commission

New SAR

Amendment to a previous SAR

First: Information about the reporter

A- Insurance Company

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	
------------	--	-------	--

7- 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

B- Supporting Insurance Services Agents

- 1- Commercial name.....
- 2- Company or establishment name
- 3- Nature of work: Insurance Agent Insurance Broker
 Other (Specify).....
- 4- Information of 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	
------------	--	-------	--

Second: Information about the Suspect

A-Natural Person

- 1- Person name
- 2- Nature of activity.....
- 3-The suspect title:

<input type="checkbox"/> Direct beneficiary	<input type="checkbox"/> Representative of other person	<input type="checkbox"/> Agent of other person
<input type="checkbox"/> Other (specify).....		

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

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

7- Permanent residence address

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

8- 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

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

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"/> Insurance Agent
<input type="checkbox"/> Insurance Broker	<input type="checkbox"/> Loss Adjustor	<input type="checkbox"/> Actuary	<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

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

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-Value of the issued insurance policy/ policies:			
Currency		Policy value equivalent in JD	

4- Insurance policy information

Policy No.		Date of issuance	/ /
Beneficiary of the policy		Insurance type	

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

Other information			
5-Paid insurance premium			
Currency		premium value equivalent in JD	

6-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).....	
7-Name of the person who paid:		
8-Bank name (ordering institution/ cheque drawee/ card issuer		
9-The Country in which the Bank exists		
10- Insurance broker name		
11- Insurance agent name		

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):

.....

.....

.....

.....

.....

.....

.....

.....

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

.....
.....
.....
.....
.....
.....

Eighth: Suspicion and reasons justifications:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

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

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Signature

Seal

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