

PART

- A Details of the matter
- B Grounds for suspicion
- C Details of the person/organisation to which the suspicious matter relates
  - Person/organisation 1
  - Add person/organisation
- D Details of any other party to which the suspicious matter relates
  - Other party 1
  - Add other party
- E Suspicious person(s) whose identity could not be established
  - Unidentified person 1
  - Add unidentified person
- F Transactions related to the matter
  - Transaction 1
    - Transaction details
    - Senders/drawers/issuers
      - Sender/drawer/issuer 1
      - Add sender/drawer/issuer
    - Payees
      - Payee 1
      - Add payee
    - Beneficiaries
      - Beneficiary 1
      - Add beneficiary
  - Add transaction
- G Additional details
  - Additional details
  - Attachments
- H Details of reporting entity

## Suspicious Matter Report

**Complete as much of this form as possible** as required under section 41 of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Act).

For assistance in completing this form, refer to the relevant explanatory guide, online help, or visit [www.austrac.gov.au](http://www.austrac.gov.au) or call [1300 021 037](tel:1300021037).

Once completed, use the 'submit' button to send the report to AUSTRAC.

### Privacy statement

AUSTRAC is collecting the information on this form as required under section 41 of the AML/CTF Act. Information reported to AUSTRAC is made available to certain revenue, law enforcement, national security, regulatory and social justice bodies and may be disclosed to other Commonwealth and international bodies pursuant to Part 11, Division 4 of the AML/CTF Act.

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**PART A - DETAILS OF THE MATTER**

**1** Please specify the designated service(s) to which the suspicious matter relates ?

- |   |  |
|---|--|
| <input type="checkbox"/> AFSL holder arranging a designated service | <input type="checkbox"/> Account/deposit taking services       |
| <input type="checkbox"/> Chequebook access facilities               | <input type="checkbox"/> Currency exchange services            |
| <input type="checkbox"/> Custodial/depository services              | <input type="checkbox"/> Debit card access facilities          |
| <input type="checkbox"/> Debt instruments                           | <input type="checkbox"/> Digital currency exchange services    |
| <input type="checkbox"/> Electronic funds transfers                 | <input type="checkbox"/> Lease/hire purchase services          |
| <input type="checkbox"/> Life insurance services                    | <input type="checkbox"/> Loan services                         |
| <input type="checkbox"/> Money/postal orders                        | <input type="checkbox"/> Payroll services                      |
| <input type="checkbox"/> Pension/annuity services                   | <input type="checkbox"/> Remittance services (money transfers) |
| <input type="checkbox"/> Retirement savings accounts                | <input type="checkbox"/> Securities market/investment services |
| <input type="checkbox"/> Stored value cards                         | <input type="checkbox"/> Superannuation/approved deposit funds |
| <input type="checkbox"/> Traveller's cheque exchange services       |  |

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Bullion dealing

- 
- |  |   |
|--|---|
| <input type="checkbox"/> Betting                 | <input type="checkbox"/> Betting accounts         |
| <input type="checkbox"/> Chips/currency exchange | <input type="checkbox"/> Games of chance or skill |
| <input type="checkbox"/> Gaming machines         |   |

Was the designated service(s) ?

provided                       requested                       enquired about

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2 Please specify the reason(s) for the suspicion, which may include

?

- |   |  |
|---|--|
| <input type="checkbox"/> ATM/cheque fraud                   | <input type="checkbox"/> Advanced fee/scam                 |
| <input type="checkbox"/> Avoiding reporting obligations     | <input type="checkbox"/> Corporate/investment fraud        |
| <input type="checkbox"/> Counterfeit currency               | <input type="checkbox"/> Country/jurisdiction risk         |
| <input type="checkbox"/> Credit card fraud                  | <input type="checkbox"/> Credit/loan facility fraud        |
| <input type="checkbox"/> Currency not declared at border    | <input type="checkbox"/> DFAT watch list                   |
| <input type="checkbox"/> False name/identity or documents   | <input type="checkbox"/> Immigration related issue         |
| <input type="checkbox"/> Inconsistent with customer profile | <input type="checkbox"/> Internet fraud                    |
| <input type="checkbox"/> National security concern          | <input type="checkbox"/> Other watch list                  |
| <input type="checkbox"/> Phishing                           | <input type="checkbox"/> Refusal to show identification    |
| <input type="checkbox"/> Social security issue              | <input type="checkbox"/> Suspected/known criminal          |
| <input type="checkbox"/> Suspicious behaviour               | <input type="checkbox"/> Unauthorised account transactions |
| <input type="checkbox"/> Unusual account activity           | <input type="checkbox"/> Unusual financial instrument      |
| <input type="checkbox"/> Unusual gambling activity          | <input type="checkbox"/> Unusual use/exchange of cash      |
| <input type="checkbox"/> Unusually large FX transaction     | <input type="checkbox"/> Unusually large cash transaction  |
| <input type="checkbox"/> Unusually large transfer           |  |

Other, please specify

?

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[Add another reason for suspicion](#)

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**PART B - GROUNDS FOR SUSPICION**

**3** Provide details of the nature and circumstances surrounding the matter

?

*Note: Do **not** provide account or transaction details as these will be required in Parts C - F.*

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**PART C - DETAILS OF THE PERSON/ORGANISATION TO WHICH THE SUSPICIOUS MATTER RELATES**

**Person Organisation 1**

**Provide as many details as possible about the person/organisation to which the suspicious matter relates.** ?

You may also provide a description in Part E.

**4** Name of person/organisation  ?

If known by any other name, please specify ?

[Add another name](#)

**5** If this person is an individual, please specify ?

Date of birth   ?

DD MMM YYYY

Country of citizenship  ?

**6** Contact details ?

Business/residential address (cannot be a post box address) ?

Full street address

City/town/suburb

State

Postcode

Country

Postal address (if different from business/residential address) ?

Full street or post box address

City/town/suburb

State

Postcode

Country

Phone numbers ?

[Add another phone number](#)

Email addresses ?

[Add another email address](#)

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7 Account details (if applicable) ?

- Please Select -

Account type

Account title

BSB (if applicable)

Account number

Name of signatory(ies) to the account ?

[Add another signatory](#)

Date the account was opened ?

DD MMM YYYY

Current balance of the account (if a foreign currency account, convert to Australian dollars) ?

AUD\$

Describe any documentation held in relation to this account ?

[Add another account](#)

Digital currency wallet ?

[Add another digital currency wallet](#)

8 Occupation, business or principal activity ?

9 ABN, ACN or ARBN ?

ABN

ACN

ARBN

10 If this person is not an individual, please specify ?

Business structure ?

- Please Select -

Name of the beneficial owner(s) ?

[Add another beneficial owner](#)

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Name of the office holder(s) ?

[Add another office holder](#)

Country of incorporation/formation/registration ?

Describe any documentation held in relation to this organisation ?

**11** How was the identity of the person/organisation verified? ?

Documentation

- Please Select -

ID type

ID number

Issuer



Country of issue

Date of issue DD MMM YYYY

Date of expiry DD MMM YYYY

[Add another form of document identification](#)

Electronic data source

[Add another form of electronic identification](#)

Device identifiers ?

- Please Select -

Type

Identifier

[Add another device identifier](#)

**12** Is the person/organisation your customer? ?

Yes  No

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**PART D - DETAILS OF ANY OTHER PARTY TO WHICH THE SUSPICIOUS MATTER RELATES**

**Other party 1**

**13** Are there any other parties to which the suspicious matter relates? ?

- Yes, provide details below
- No, go to Part E

**14** Name of other party  ?

If known by any other name, please specify ?

[Add another name](#)

**15** If this party is an individual, please specify ?

Date of birth   ?

DD MMM YYYY

Country of citizenship  ?

**16** Contact details ?

Business/residential address (cannot be a post box address) ?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Full street address

City/town/suburb

State

Postcode

Country

Postal address (if different from business/residential address) ?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Full street or post box address

City/town/suburb

State

Postcode

Country

Phone numbers ?

[Add another phone number](#)

Email addresses ?

[Add another email address](#)

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17 Account details (if applicable) ?

- Please Select -

Account type

Account title

BSB (if applicable)

Account number

Name of signatory(ies) to the account ?

[Add another signatory](#)

Date the account was opened ?

DD MMM YYYY

Current balance of the account (if a foreign currency account, convert to Australian dollars) ?

AUD\$

Describe any documentation held in relation to this account ?

[Add another account](#)

Digital currency wallet ?

[Add another digital currency wallet](#)

18 Occupation, business or principal activity ?

19 ABN, ACN or ARBN ?

ABN

ACN

ARBN

20 If the party is not an individual, please specify ?

Business structure

- Please Select -

Name of the beneficial owner(s) ?

[Add another beneficial owner](#)

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Name of the office holder(s) ?

[Add another office holder](#)

Country of incorporation/formation/registration ?

Describe any documentation held in relation to this organisation ?

**21** How was the identity of this party verified? ?

Documentation

ID type

ID number

Issuer



Country of issue

Date of issue DD MMM YYYY

Date of expiry DD MMM YYYY

[Add another form of document identification](#)

Electronic data source

[Add another form of electronic identification](#)

Device identifiers ?

Type

Identifier

[Add another device identifier](#)

**22** Is this party your customer? ?

Yes  No

**23** Is this party an authorised agent of the person/organisation listed in Part C? ?

Yes  No

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**PART E - SUSPICIOUS PERSON(S) WHOSE IDENTITY COULD NOT BE ESTABLISHED**

**Unidentified person 1**

**24** Is there any suspicious person whose identity could not be established in Part C or Part D and they are not known to the reporting entity? ?

- Yes, provide a description of the person(s) and list any documentation that exists on the person(s)/organisation(s) (e.g. a video, photograph, application form, etc.)
- No, go to Part F

Description of person ?

Describe any documentation that exists on the person(s)/organisation(s) ?

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**PART F - TRANSACTIONS RELATED TO THE MATTER**

**Transaction 1**

25 Date of transaction/proposed transaction   ?  
*DD MMM YYYY*

26 Type of transaction ?

27 Was the transaction completed? ?  
 Yes  No  
[Clear](#)

28 Transaction reference number  ?

29 Total amount of transaction (in Australian dollars) ?  
   
*Currency code Amount/value*

30 Total cash involved (in Australian dollars) ?  
   
*Currency code Amount/value*

31 If a foreign currency was involved, please specify ?  
   
*Currency code Amount/value*  
[Add another foreign currency amount](#)

32 If a digital currency was involved, please specify ?  

<input type="text"/>	<input type="text"/>
<i>Digital currency code</i>	<i>Description</i>
<input type="text"/>	<input type="text"/>
<i>Number of units</i>	<i>Backing asset</i>
<input type="text"/>	<input type="text"/>
<i>Fiat currency code</i>	<i>Amount/value</i>
<input type="text"/>	
<i>Blockchain transaction ID</i>	

  
[Add another digital currency](#)

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**Sender/drawer/issuer**

**Sender/drawer/issuer 1**

**33** Is this person the person listed in ?

- PART C person/organisation 1, go to the next page
- PART D other party 1, go to the next page
- Other, provide details below

[Clear](#)

**34** Full name

**35** Contact details ?

Business/residential address (cannot be a post box address) ?

<input type="text"/>	<input type="text"/>
<small>Full street address</small>	<small>City/town/suburb</small>
<input type="text"/>	<input type="text"/>
<small>State</small>	<small>Postcode</small>
<input type="text"/>	<input type="text"/>
	<small>Country</small>

Postal address (if different to business/residential address) ?

<input type="text"/>	<input type="text"/>
<small>Full street or post box address</small>	<small>City/town/suburb</small>
<input type="text"/>	<input type="text"/>
<small>State</small>	<small>Postcode</small>
<input type="text"/>	<input type="text"/>
	<small>Country</small>

Phone numbers ?

[Add another phone number](#)

Email addresses ?

[Add another email address](#)

**36** Account details ?

<input type="text"/>	<input type="text"/>
<small>Account title</small>	<small>BSB (if applicable)</small>
<input type="text"/>	
<small>Account number</small>	

[Add another account](#)

Digital currency wallet ?

[Add another digital currency wallet](#)

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37 Institution(s) involved with transaction

?

**Sending institution 1**

Name of institution

?

Branch

?

Country (if not Australia)

?

[Add another sending institution](#)

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**Payee**

**Payee 1**

**38** Is this person the person listed in ?

- PART C person/organisation 1, go to the next page
- PART D other party 1, go to the next page
- Other, provide details below

[Clear](#)

**39** Full name  ?

**40** Contact details ?

Business/residential address (cannot be a post box address) ?

<input type="text"/> <small>Full street address</small>	<input type="text"/> <small>City/town/suburb</small>	
<input type="text"/> <small>State</small>	<input type="text"/> <small>Postcode</small>	<input type="text"/> <small>Country</small>

Postal address (if different to business/residential address) ?

<input type="text"/> <small>Full street or post box address</small>	<input type="text"/> <small>City/town/suburb</small>	
<input type="text"/> <small>State</small>	<input type="text"/> <small>Postcode</small>	<input type="text"/> <small>Country</small>

**41** Account details ?

<input type="text"/> <small>Account title</small>	<input type="text"/> <small>BSE (if applicable)</small>
<input type="text"/> <small>Account number</small>	

[Add another account](#)

Digital currency wallet ?

<input type="text"/>
----------------------

[Add another digital currency wallet](#)

**42** Institution(s) involved with transaction ?

**Receiving Institution 1**

Name of institution  ?

Branch  ?

Country (if not Australia)  ?

[Add another receiving Institution](#)

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## Beneficiary

### Beneficiary 1

38 Is this person the person listed in ?

- PART C person/organisation 1, go to the next page  
 PART D other party 1, go to the next page  
 Other, provide details below

[Clear](#)

39 Full name  ?

40 Contact details ?

Business/residential address (cannot be a post box address) ?

<input type="text"/>	<input type="text"/>
<small>Full street address</small>	<small>City/town/suburb</small>
<input type="text"/>	<input type="text"/>
<small>State</small>	<small>Postcode</small>
<input type="text"/>	<input type="text"/>
	<small>Country</small>

Postal address (if different to business/residential address) ?

<input type="text"/>	<input type="text"/>
<small>Full street or post box address</small>	<small>City/town/suburb</small>
<input type="text"/>	<input type="text"/>
<small>State</small>	<small>Postcode</small>
<input type="text"/>	<input type="text"/>
	<small>Country</small>

41 Account details ?

<input type="text"/>	<input type="text"/>
<small>Account title</small>	<small>BSB (if applicable)</small>
<input type="text"/>	
<small>Account number</small>	

[Add another account](#)

Digital currency wallet ?

<input type="text"/>
----------------------

[Add another digital currency wallet](#)

42 Institution(s) involved with transaction ?

### Beneficiary Institution 1

Name of institution  ?

Branch  ?

Country (if not Australia)  ?

[Add another beneficiary institution](#)

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**PART G - ADDITIONAL DETAILS**

- 43** Provide the most likely offence to which the suspicious matter relates ?
- Financing of terrorism
  - Money laundering
  - Offence against a Commonwealth, State or Territory law
  - Person/agent is not who they claim to be
  - Proceeds of crime
  - Tax evasion

- 44** If a suspicious matter relating to the person/organisation has previously been reported to AUSTRAC, please specify ?

Date on which it was reported to AUSTRAC



DD MMM YYYY

Reporting entity's internal reference number (if applicable)

[Add new entry](#)

- 45** If the details of the matter have been, or are to be, reported to another Australian government body, please specify ?

Name

Address

*Full street address*

*City/town/suburb*

*State*

*Postcode*

Date reported (or to be reported)



DD MMM YYYY

Describe the information provided to this Australian government body

[Add another Australian government body](#)

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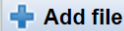
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## PART G - ADDITIONAL DETAILS (continued)

If you have any additional information or supporting documentation (such as images, audio, copies of applications or other correspondence, etc.), which can be electronically attached to this suspicious matter report, click on the "Add file" button to select a file (and repeat for any other relevant files) and then click on the "Attach" button to attach all selected files.

This report currently has 0 attachment(s).  
Available size: 30.00MB

 + Add file

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## PART H - DETAILS OF REPORTING ENTITY

Identification number of reporting entity  
(e.g. ABN or AUSTRAC ID number)

?

**46** Name of reporting entity

?

**47** Business/residential address (cannot be a post box address)

*Full street address*

*City/town/suburb*

*State*

*Postcode*

[Search for a branch/office/retail outlet or location...](#)

**48** Name of branch/office/retail outlet or location where the matter was identified

?

**49** Reporting entity's internal reference number (if applicable)

?

**50** Details of person completing this report

?

Given names and family name

Job title

Phone


Email

**This report is made pursuant to the requirements of section 41 of the AML/CTF Act.**

I acknowledge that criminal penalties may apply for providing false or misleading information and civil penalties may apply for failing to supply information.

**51** Date

?

DD MMM YYYY 

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