SUSPICIOUS TRANSACTION REPORT

(Applicable to Entities Supervised by Macao Economic and Technological Development Bureau and The Housing Bureau)

In accordance with Article 7 of Administrative Regulation No. 7/2006, amended by Administrative Regulation No.17/2017, reporting entity is obliged to report the detected suspicious transaction within 2 working days to Financial Intelligence Office (Portuguese acronym "GIF"), and it is stipulated in Article 9 that non-compliance with the duties established in this administrative regulation constitutes an administrative offence, and is subject to penalty.

This version of Suspicious Transaction Report ("STR") is applicable to entities supervised by Macao Economic and Technological Development Bureau and The Housing Bureau, such as pawn shop, jewelry store, antique shop, auction house, real estate agent, real estate developer, automobile dealer, etc.

Please take note of the followings prior to completing the STR:

- Provide a clear and concise description to the STR, and state all available information.
- Document in detail why the transaction is considered extraordinary, irregular or suspicious.
- Provide supporting document where is necessary to explain the STR.
- Indicate if the potential violation is an initial report or if it relates to a previous transaction or transactions reported.
- **Complete** this STR Form in Block letters.
- Take reference to the explanatory notes below when completing the STR.
- After completion, please send this report to the Financial Intelligence Office.
- Address: <u>Av. Dr. Mário Soares, nos. 307-323, Edif. "Banco da China", 22 andar</u> Contact Telephone Number: <u>2852 3666</u>

(This box is to be completed by GIF)	Reporting Entity Reference Number: STR Reference Number: /		
1. Reporting Date and Sequence / / / / / Number: yyyy / mm / dd	N ⁰ □		
 2. Type of Transaction Reported: (Please ✓ to select) a. □ Initial Report (Previously reported person/organization? □ Yes □ N b. □ Amendment Report: □ (1) Partial Amendment □ (2) Replacement □ (3) Cancellation c. □ Supplementary Report Previous STR Ref. Number:/	Total Number of document submitted: pages (Main Form pages, Supplementary Form A pages, Supplementary Form Bpages, Attachment pages, Other Document pages)		

Section Explanatory Notes

- Reporting Date and Sequence Number is comprised of the date of submitting the STR and the Sequential Number of STR submitted on the same day, eg. <u>2006/11/01 N^o 3</u> means the 3rd report submitted on 1st November 2006. This reference number is for temporary identification purpose. GIF will assign a unique STR Reference Number for each reported case, and inform reporting entity in writing. Thereafter, the STR Reference Number <u>must</u> be quoted when submitting Amendment or Supplementary Report.
- 2a. **Initial Report** refers to first-time reporting of a suspicious transaction/(s), and each report should be made on transaction basis. If this person/organization has been involved in a previously reported case, it should still be reported as an Initial Report, but the earliest STR Number is to be provided in Remarks.
- 2b. Amendment Report refers to amendments made to previously submitted STR. Please state the previous STR Reference Number. Type of Amendment includes (1) Partial Amendment, (2) Replacement, and (3) Cancellation of STR. Please <u>fill in the right number in the box of (b)</u>. For Partial Amendment, only the amended part is to be completed. Replacement is applicable where the whole set of submitted STR is to be replaced due to significant amendment, but the STR Reference Number remains unchanged. For Cancellation of an STR, <u>a reason must be stated in Remarks</u>.
- 2c. **Supplementary Report** refers to additional information provided to a previously submitted STR, such as recently discovered information or additional person/organization suspected to be involved in the same transaction. For new transaction/(s) related to a previously reported person/organization, it will be filed as an Initial Report (See Note 2a).
- 8. **Person/Organization conducting suspicious transactions** should be classified either as Individual or Corporation/ Organization. Corporation is also known as commercial establishment such as proprietorship/partnership/companies whilst Organization is usually set up for specific non-commercial purposes.

NOTE: Please keep a copy of this document, and the following items, for a period of five years:

- All the support documentation, including oral or written reports made by the reporting entities.
- Explanation to this report provided by any other person(s), the identification of such persons(s) and date of the explanation given.

(Main	Form)
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PART I – INFORMATION OF REPORTING ENTITY					
3. Full Name or Business Registered Name:					
(in Chinese):					
4. Full Address:					
5. Nature of Business (Please select an appropriate number and fill in the box): Image: Structure of Business (Please select an appropriate number and fill in the box): Business Code 12 Pawn Shop 13 Watch/Jewelry Store 14 Antique Shop 15 Real Estate Agent 16 Real Estate Developer 17 Automobile Dealer 26 Auction House 99 Others (Please specify:)					
6. Contact Information of Reporting Entity 7. Contact Person of Reporting Entity: Telephone No: () Name (Please select: Mr./Mrs/Ms): Fax No: () Position/Function: E-mail Address: Telephone Number: () Fax Number: () Fax Number: ()					
PART II – INFORMATION OF THE SUSPICIOUS TRANSACTION					
 8. Number of Entity(ies) being reported: (1) Total number of Individual(s):(Please complete one Supplementary Form A for each individual) (2) Total number of Corporation(s)/Organization(s):(Please complete one Supplementary Form B for each corporation/ Organization) 9. Type of Suspicious Transaction (✓ more than one box if necessary) d. □ Pawn shop transaction (✓ more than one box if necessary) m. □ Purchase of valuable assets (real estate,					
10. Is the above transaction completed via Internet? (Please fill in the appropriate number in the box) (2) Yes (4) No					
11. Date/Period of Suspicious Transaction(s): from yyyy / mm / dd to yyyy / mm / dd					
12. Number of Suspicious Transaction(s) involved: (Only for transactions relevant to the present STR)					
13. Currencies Involved (Please fill in the respective amount. More than one currency can be filled in if necessary. Reporting entity should fill in the transaction amounts according to the original currencies identified in the case, e.g. the reporting entity should report 100,000 US Dollars as '100,000.00' in the respective row of USD)					
a. MOP f. USD b. HKD g. CAD c. RMB h. AUD d. JPY i. NZD e. EURO j. Others (Please state:)					
14. Origin of Suspected Funds: Jurisdiction Province/City					
Destination of Suspected Funds: Jurisdiction Province/City 15. Payment Method (Please ✓ in the appropriate box, more than one box can be selected if necessary) a. a. Cash b. Cheque c. Remittance d. Cashier Order e. Credit Card f. Traveler's Cheque g. Draft h. Debit Card i. Letter of Credit j. Account Transfer k. Others (Please specify) Others (Please specify)					

16. Details of transaction and reason of suspicion: (Provide details in attached blank sheet if necessary)	
7. Signature of Contact Person of Reporting Entity:	
Date:	
Please complete Form A for each Individual being Reported.	
Please complete Form B for each Organization being Reported.	

(Applicable to Entities Supervised by Macao Economic and Technological Development Bureau and The Housing Bureau) (Supplementary Form A)

SUSPICIOUS TRANSACTION REPORT												
(Person conducting suspicious transactions)												
Reporting Entity may photocopy this Supplementary Form A to rep	ort additiona	l Person(s) in re	elation to	the p	resent \$	STR.					
(This box is to be completed by GIF) Reference Number of Individual being Reported: STR Reference Number: /												
A01. Name of Person being reported: (If possible, please give information in accordance with Identification document and provide												
photocopy, where applicable) Surname												
Middle Name (if any)												
Given Names												
Name in Chinese: Alias (if any):								_				
A02. Gender: (1) Male (Please fill in the appropriate (3) Female							ence:					
(Please fill in the appropriate number in the box) (3) Female		- f D	Dee			Juris	dictio	on	Provi	Province/City		
A03. Date of Birth: / / /		of Perm r place o										
		1										
A04. Nationality:												
	(i) is the p (ii) is othe											
A05. Profession:	month du	ring the sa	ime y	ear. (Ple	ase p	orovide						
(if available)	Attached											
A07. Identification Document (Please select one or more	I.D. Docum				ocop							
Type and Number of I.D. Document Place/ Date of Issue (yyyy / Valid Until (yyyy / Valid Until (yyyy / Valid Until (yyy) / Valid Until (yyyy) / Valid Until (yyy) / Valid Until (yyy) / Valid												
a. Macao Identity Card		Not	Appl	icable				/		/		
b Hong Kong Identity Card						 "		/				
			Not Applicable						/			
c. PRC Identity Card								/		/		
								/		/		
d Passport								/		/		
								/		/		
e. Traveling Permit								/		/		
								/				
f. Others:								/		/		
								/		/		
A08. Address and Telephone Number of Person being reported (if available)												
Address:												
(In Chinese):												
Contact Talanhona and Mohila Phona Number:												
Contact Telephone and Mobile Phone Number:												
A09. Type of Relationship with the reporting entity: (Please fill in the appropriate number in the box))						
(7) Ex-Client (9) Others:												

(Applicable to Entities Supervised by Macao Economic and Technological Development Bureau and The Housing Bureau) (Supplementary Form B)

SUSPICIOUS TRANSACTION REPORT (Corporation/Organization conducting suspicious transactions)							
Reporting Entity may photocopy this Supplementary Form B to report additional Corporation/Organization(s) in relation to the present STR.							
(This box is to be completed by GIF) (This box is to be completed by GIF) STR Reference Number:/							
B01. Nature of Entity being reported (Please fill in the appropriate number in the box): (1) Corporation/Company (3) Organization							
B02. <u>Registered Name of Local Company / Organization</u> (Registered Name should be referred to Incorporation Document of the Entity. Provide copy of Incorporation Document if possible.)							
In Portuguese:							
In English: (if applicable)							
In Chinese:							
Registered Name of Foreign Entity / Organization (Since Incorporation document or certificate may not be available, reporting entity should request for an accurate name by reference to objective evidence source. Provide copy of evidence if possible.)							
B03. For Local Corporation/Company (if available) Company Registration Number:							
B05. Person representing the Entity completing the Transaction (if available) Name:							
Telephone Number:							
Identification Document: (Type & Number)							
B06. Address and Telephone Number of Entity being reported (if available)							
Address:							
(In Chinese):							
Contact Telephone and Mobile Phone Number :							
B07. Type of Business or Nature of Activities: (if available)							
B08. Type of Relationship with the reporting entity: (Please fill in the appropriate number in the box)							
(1) New Client(2) Existing Client(3) Supplier(5) Ex-Client(9) Others:							

(Attachment)

SUSPICIOUS TRANSACTION REPORT (Attachment)					
(This box is to be completed by GIF)	eporting Entity Reference Number: STR Reference Number: /				