CAYMAN ISLANDS

Proceeds of Crime Law

PROCEEDS OF CRIME (DISCLOSURE) ORDER, 2010

(SL 23 of 2010)

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PUBLISHING DETAILS

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Arrangement of Paragraphs

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(SL 23 of 2010)

In exercise of the power conferred by section 143 of the Proceeds of Crime Law, 2008, the Governor in Cabinet makes the following Order —

Citation

1. This Order may be cited as the Proceeds of Crime (Disclosure) Order, 2010.

Form of disclosure

2. A disclosure pursuant to section 136 or 137 of the Law shall be made in the form prescribed in the Schedule to this Order.

Offence

3. A person who wilfully makes or causes to be made, in the form prescribed in the Schedule to this Order, a declaration which he knows to be false or fraudulent commits an offence and is liable on summary conviction to a fine of five thousand dollars or to imprisonment for a term of two years, or to both.

SCHEDULE

(Paragraph 2)

DISCLOSURE

CONFIDENTIAL

FINANCIAL REPORTING AUTHORITY

Delivery Address:

80E Shedden Road
3rd Floor, Elizabethan Square,
Phase IV

George Town, Grand Cayman
Cayman Islands

Tel No. (345) 945-6267
Fax No. (345) 945-6268

Mailing Address:

P.O. Box 1054
Grand Cayman
KY1 - 1102
Cayman Islands

SUSPICIOUS ACTIVITY REPORT

Note: This form should preferably be typed using arial 12 point font.

Date of this Report:	Date of Original Report (if applicable): FRA Case No. (if known):

1. REPORTING ENTITY DETAILS:

Name of Reporting Entity: Reference of Reporting Entity:

Address of Reporting Entity:

Nature of service(s) provided to the individual and / or entity that is the subject of this report:

2. SUBJECT(S) OF REPORT (Natural Persons):
Note: Please attach additional sheets as necessary.

Surname:	First Name:	Gender:
Date of Birth:	Place of Birth:	Nationality:
Occupation/Profession:		
Address(es):		
PO Box:	Street No. and Name:	City/Town
State/Province	Country	Zip/Postal Code:
Telephone No:	Fax No.:	E-Mail:
Identification Document Type: (i.e. passport, driver's license etc.)		
Identification Document Number:		
Date of Issue:		
Place of Issue:		
Account number(s) if applicable:		
Other signatories on the account. (Please include relevant KYC details):		
Other Information:		

3. SUBJECT(S) OF REPORT (Legal Entities)
Note: Please attach additional sheets as necessary.

Entity Type (company, trust, partnership, charity, other):

Name of Entity:

Jurisdiction of Incorporation/Registration:

Date of Incorporation/Registration:

Purpose of Entity:

Registered Office Address (or address of Trustee or General Partner etc.):

Business Address (if different from registered office address):

NOTE: Please include relevant information for entity type (i.e. settlor and beneficiary information for a trust). For each of the following which is a natural person please provide the information noted in Section 2.

Account number(s) if applicable:

Other signatories on the account: (Please include relevant KYC details):

4. OTHER FINANCIAL SERVICE PROVIDERS INVOLVED IN ACTIVITY:

Name(s): Address(es):

Account number(s) if applicable:

Other Information:

5. REASON FOR SUSPICION

Note: Please include relevant details including date business relationship established/declined, source of funds, value of assets currently held if any and nature of the suspicion. Attach additional sheets as necessary.

Made in Cabinet the 2nd day of March, 2010.

Kim Bullings
Clerk of the Cabinet.