CONFIDENTIAL

Report to Money Laundering Reporting Officer

Suspec	ted	Re : Money Laundering activity			
		To : [] Money L	aundering Reporting Officer	
	From :	[insert name of	employee]		
	Service :		and Cost Centre]	Ext/Tel No :	
	DETAILS O	F SUSPECTED	OFFENCE:		
		nd address(es) o			
		ue and timing of e full details eg what,		d: Continue on a separate sheet if	

Nature of suspicions regarding [Please continue on a separate sheet	ng such activi if necessary]	ty:	
Has any investigation been u [Please tick the relevant box]	ndertaken (as	far as you are aware	e)?
Yes		No	
If yes, please include details	below :		

Have you discussed your suspicions with anyone else? [Please tick the relevant box]			
Yes		No	
If yes, please specify below necessary :	v, explainin	g why such dis	cussion was
Have you consulted any supervisory body guidance re money laundering? (e.g. the Law Society) [Please tick the relevant box]			
Yes		No	
If yes, please specify below	v :		
Do you feel you have a rea to the SOCA? (e.g. are you privilege?) [Please tick the relevant box]			
	Yes	No	

If yes, please set out full details below :
Are you involved in a transaction which might be a prohibited act under sections 327-329 of the Act and which requires appropriate consent from the SOCA? [Please tick the relevant box]
Yes No
If yes, please enclose details in the box below :
Please set out below any other information you feel is relevant :
Signed Dated
Please do not discuss the content of this report with anyone you believe

Please do not discuss the content of this report with anyone you believe to be involved in the suspected money laundering activity described. To do so may constitute a tipping off offence, which carries a maximum penalty of 5 years' imprisonment.

MLRO		
Date report received :		
Date receipt of report acknowledge :		
CONSIDERATION OF DISCLOSURE :		
Action Plan :		
OUTCOME OF CONSIDERATION OF DISCLOSURE :		
Are there reasonable grounds for suspecting money laundering activity?		

If there are reasonable grounds the SOCA? [Please tick the relevant I		ion, will a r	eport be made to	
Yes		No		
If yes, please confirm date of re And complete the box below	port to SOC	CA:		
Details of liaison with the SOCA	4 regarding	the report	:	
Notice Period :	to			
Moratorium Period :	to			
Is consent required from the SOCA to any ongoing or imminent transactions which would otherwise be prohibited acts?				
Yes		NO		
If yes, please confirm full detail	s in the box	below :		
Date consent received from SO	CA:			

Date consent given by you to employee :

If there are reasonable grounds to suspect money laundering, but you do not intend to report the matter to the SOCA, please set out below the reason(s) for non-disclosure:

[Please set out any reasonable excuse for non-disclosure]
Data as we set with a burner to a small superference for a manufactural set
Date consent given by you to employee for any prohibited act transactions to proceed :
Other relevant information :
Signed:
Dated :
THIS REPORT TO BE RETAINED FOR AT LEAST FIVE YEARS.

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