



**Nature of suspicions regarding such activity:**

[Please continue on a separate sheet if necessary]

**Has any investigation been undertaken (as far as you are aware)?**

[Please tick the relevant box]

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, explaining why such discussion was necessary :**

**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 :**

**Do you feel you have a reasonable excuse for not disclosing the matter to the SOCA? (e.g. are you a lawyer and wish to claim legal professional 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 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.***

**THE FOLLOWING PART OF THIS FORM IS FOR COMPLETION BY THE 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 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]

**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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