



GAMING COMMISSION OF GHANA

Suspicious Transaction Report Form

Section 30 of the Anti-Money Laundering Act, 2008 (Act 749), as amended.

(Complete All Applicable Parts)

Part I		Accountable Institution (Reporting Entity)		1
1. Name of Accountable Institution (Reporting Entity)				
2. Address of Reporting Entity				
3. Address of Branch Office(s) where activity occurred				
Part II		Subject Information		<input type="checkbox"/>
4. Last Name		5. First name		6. Middle name
7. Address				
8. Phone Number – Residence			9. Phone Number – Work	
10. Occupation/Type of Business		11. Date of Birth ____ / ____ / ____ / MM DD YYYY		12. Date of incorporation
13. Forms of Identification for Subject:				
a. <input type="checkbox"/> Driver's License b. <input type="checkbox"/> Passport c. <input type="checkbox"/> Voter's ID d. <input type="checkbox"/> NHIS Card				
Number _____ Issuing Authority _____ Date of Expiry _____				
14. Relationship to Accountable Institution (Reporting Entity)				
a. <input type="checkbox"/> Customer c. <input type="checkbox"/> Officer				
b. <input type="checkbox"/> Agent d. <input type="checkbox"/> Director f. <input type="checkbox"/> Shareholder				
e. <input type="checkbox"/> Employee g. <input type="checkbox"/> Other _____				

<p>15. Is the subject a staff of the reporting entity? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes specify:</p> <p>a. <input type="checkbox"/> Still employed at reporting entity</p> <p>b. <input type="checkbox"/> Suspended c. <input type="checkbox"/> Terminated d. <input type="checkbox"/> Resigned</p>	<p>16. Date of Suspension, Termination, Resignation</p> <p>____ / ____ / ____ / ____</p> <p style="text-align: center;">MM DD YYYY</p>
---	--

Part III	Suspicious Activity information	2
-----------------	--	----------

<p>17. Date or date range of suspicious activity</p> <p>From ____ / ____ / ____ / ____</p> <p style="text-align: center;">MM DD YYYY</p> <p>To ____ / ____ / ____ / ____</p> <p style="text-align: center;">MM DD YYYY</p>	<p>18. Total amount involved</p>
---	----------------------------------

19. Summary characterization of suspicious activity:

a <input type="checkbox"/> Money Laundering	f <input type="checkbox"/> Computer Intrusion
b <input type="checkbox"/> Bribery	g <input type="checkbox"/> Defalcation/Embezzlement
c <input type="checkbox"/> Counterfeit Credit/Debit	h <input type="checkbox"/> Sports/Match fixing
e <input type="checkbox"/> Counterfeit Instrument	i <input type="checkbox"/> Fronting
	j <input type="checkbox"/> Deliberate loss in multi-player or peer games
	k <input type="checkbox"/> Use of stolen cards
	l <input type="checkbox"/> Refund through other medium
	m <input type="checkbox"/> Purchase of winning bets from real winners

Other _____

(Type of Activity)

<p>20. Amount of loss prior to recovery (if applicable)</p>	<p>21. Amount recovered (if applicable)</p>	<p>22. Has the suspicious activity had a material impact on, or otherwise affected the reporting entity?</p> <p>a <input type="checkbox"/> Yes b <input type="checkbox"/> No</p>
---	---	---

23. Has any Law Enforcement Agency (LEA) already been advised by telephone, written communication, or otherwise? Yes b No

Agency Name _____

<p>24. Name of person(s) contacted at the Law Enforcement Agency:</p>	<p>25. Phone Number</p>
---	-------------------------

Part IV	Contact details of the official filing the STR
----------------	---

<p>26. Last Name</p>	<p>27. First Name</p>	<p>28. Middle Initials</p>
----------------------	-----------------------	----------------------------

