FOR – UNUSUAL MATTER REPORT FORM

Please complete as much of this report as possible, as soon as practicable after the unusual matter, transaction or observed activity occurred. Provide as much information, if known. This report is for **INTERNAL USE ONLY. DO NOT COMPLETE THIS REPORT IN THE IMMEDIATE PRESENCE OF THE PERSON INVOLVED IN THE UNUSUAL MATTER.**

Privacy Statement

Reporting of suspicious matters is required under Section 41 of the *Anti-Money Laundering/Counter-Terrorism Financing Act 2006, (AML/CTF Act).*

It is an offence under Section 123 of the *AML/CTF Act* for a cash dealer to either directly or indirectly inform a person that a suspicion has been formed or a Suspicious Matter Report (SMR) has been submitted.

Date of Unusual Matter		Time of Usual Matter	AM/PM
First Name of Person (conducting unusual matter), if known		Second Name of Person (conducting unusual matter), if known	
Residential Address (not P.O. Box), if known			
Postal address if same as above write "as above", if known			
State:		Post Code:	Country (if not Australia):
Membership No:	#		
Occupation, if known			
Date of Birth, if known	DD / MM / YYYY		
Telephone, if known		Mobile:	
Email address: (if known)			
Was person's identity confirmed	☐ Yes ☐ No	If the identity was not confirmed please supply a description of the person.	
How was the identity of this person confirmed? (please provide details of reliable and independent documentation relied upon to verify the identity of the person)			
ID Type			

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ID No	
Issuer	
Original or Certified	Please state:
Details of the matter which lead to suspicions (if more space required attach details to this form)	
Details of any action taken (if more space required attach details to this form)	
Transaction Amount (total)	$
Transaction Breakdown	

Where the total amount consists of component provide a description of the components and amount of each component

Description of the components	Payee of each component	Date of each component	Amount of each component

Is there any relevant documentation that exists (video, photograph) ☐ Yes ☐ No	Details:
Pattern of related Activity. (If more space required attach details to this form)	

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Employee Details (person who raised the initial matter)			
First Name			
Surname			
Position			
Employee Number			
Employee Signature	X		
Duty Manager Report			
Duty Manager Name:			
Date Report was received	/ / DD/MM/YYYY	Time Report was received:	am pm
Action Taken (If more space required attach details to this form):			
Follow up conducted with Employee: ☐ Yes ☐ No			

Details:

Unusual matter referred to AML/CTF Compliance Officer on (Date): _____

AML/CTF Compliance Officer Review

Name of AML/CTF Compliance Officer: _____

Date Report Received: _____

Action taken:

Suspicious Matter Report to be submitted to AUSTRAC: ☐ Yes ☐ No

Justification for Decision:

Suspicious Matter Report Lodged with AUSTRAC:

If yes, Date Submitted: / /

File Reference No:

SMR Lodged by:

Position:

Has there been any previous suspicious matter reporting obligations for the person to whom this report relates? Yes / No (cross out incorrect response). If yes, list the reference number/s in the table below:

AML/CTF Compliance Officer (Name):

Signature: Date: