

**TRANSACTION REPORTING AUTHORITY
CURRENCY TRANSACTION REPORT (CTR)**

Please complete in INK and in CAPITAL LETTERS

Reporting of currency transaction is required by law under Regulation 23(5) of the Money Laundering and Proceeds of Crime Regulation 2010. Penalties exist for failure to report or to supply full and correct information.

PART A – DETAILS OF PERSON(S) CONDUCTING TRANSACTION

(If more than one, attach a separate sheet providing required details)

1. Full name (title, given names and surname)

Also known as: _____

2. Business address (cannot be a PO Box)

Country: _____ Phone: _____

3. Residential address (cannot be a PO Box)

Country: _____ Phone: _____

4. Occupation, business or principal activity

5. NON RESIDENT (If person is a non-resident) – Tonga contact address

Kingdom of Tonga Phone: _____

6. Date of birth: ____/____/____
Day / Month/ Year

7. How was the identity of this person confirmed?

ID Type: _____

ID Number: _____

Issuer: _____

Date of expiry: _____

8. Give details if this person is a signatory to account affected by this transaction

Account Title/Name: _____

Account No. _____ Account Type: _____

Financial Institution & Branch: _____

PART B – DETAILS OF PERSON/ORGANISATION ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED (if applicable)

(If more than one, attach a separate sheet providing required details)

9. Full name of person/organization

10. Business address (cannot be a PO Box)

Country: _____ Phone: _____

11. Residential address (cannot be a PO Box)

Country: _____ Phone: _____

12. Occupation, business or principal activity

13. NON RESIDENT (If person/organisation is a non-resident) – Tonga contact address

Kingdom of Tonga Phone: _____

14. Give details if this person / organisation is a signatory to account affected by this transaction

Account Title/Name: _____

Account No. _____ Account Type: _____

Financial Institution & Branch: _____

PART C – DETAILS OF THE TRANSACTION

15. Date of transaction

____ DAY ____ MONTH ____ YEAR

16. Total amount of this transaction (include cash and other components. If a foreign currency is involved, convert to Tongan pa'anga)

TOP\$ _____.

17. Total cash component of this transaction (if a foreign currency is involved, convert to Tongan pa'anga)

TOP\$ _____.

18. Type of Transaction

CASH PAID IN TO FINANCIAL INSTITUTION OR CASH DEALER [Tick applicable box(es)]

<input type="checkbox"/>	International money Transfer	<input type="checkbox"/>	Account deposit
<input type="checkbox"/>	Transfer to bank	<input type="checkbox"/>	Bank Draft
<input type="checkbox"/>	Travellers cheques	<input type="checkbox"/>	Bank Cheque
<input type="checkbox"/>	Foreign currency	<input type="checkbox"/>	Other cash in

CASH PAID OUT FROM FINANCIAL INSTITUTION OR CASH DEALER [Tick applicable box(es)]

<input type="checkbox"/>	International money Transfer	<input type="checkbox"/>	Account withdrawal
<input type="checkbox"/>	Transfer to bank	<input type="checkbox"/>	Bank Draft
<input type="checkbox"/>	Travellers cheques	<input type="checkbox"/>	Bank Cheque
<input type="checkbox"/>	Foreign currency	<input type="checkbox"/>	Other cash out

19. If a foreign currency was involved in this transaction, specify:

Currency Code	Foreign Currency Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

20. Transaction purpose (e.g. Import payment)

21. If a cheque was involved in this transaction, please specify:

Drawer: _____

Payee/ Favouree/ : _____

22. If another bank was involved in this transaction, please specify:

Name of Bank: _____

Branch: _____

Country: _____
(if not Tonga)

24. Name of Reporting Entity

25. Name of branch or office where transaction was conducted:

26. Address of branch or office where transaction was conducted:

PART E – REPORTING ENTITY STATEMENT

27. This report is made pursuant to the requirements of Regulation 23(5) of the Money Laundering and Proceeds of Crime Regulations 2010.

28. Signature of authorized officer

SIGN
HERE

29. Date: ____/____/____
Day / Month/ Year

30. Details of authorized officer

Given names and surname: _____
Job title: _____
Phone number: _____
Fax number: _____

TRANSACTION REPORTING AUTHORITY USE ONLY

Comments:

PART D – DETAILS OF THE REPORTING ENTITY

23. Type of Reporting Entity

- Bank
- Foreign Exchange Dealer
- Other