

INTERNATIONAL SANCTIONS

FORM FOR SANCTIONS COMPLIANCE REPORTING

This form should be used to report the compliance-related information outlined below to the Policy & Resources Committee, as required by the Sanctions (Bailiwick of Guernsey) Law, 2018 and the Terrorist Asset Freezing (Bailiwick of Guernsey) Law, 2011.

The Policy & Resources Committee has issued guidance on reporting obligations which is available on the sanctions page of the States of Guernsey website. You should consult this guidance before completing this form.

The reporting obligations under the legislation referred to above apply to:

- information regarding suspected designated persons (Part B);
- assets you have frozen or other action you have taken (Part C); and
- suspected breaches of financial sanctions, including attempted breaches (Part D).

Annex 2 to this form provides information to assist you in completing your report.

Please note that the information you provide may be shared by the Policy & Resources Committee in the exercise of its functions under the legislation referred to above, in accordance with its information sharing powers and applicable data protection legislation.

PART A: GENERAL INFORMATION

Please complete this part of the form and indicate what you are reporting on.

1. PERSON SUBMITTING THIS REPORT	
Name	
Job title	
Company/organisation	
Address	
Contact number(s)	
Email address	

2. DATE SUBMITTED
[DD – MM – YYYY]

3. ARE YOU SUBMITTING THIS FORM ON BEHALF OF A THIRD PARTY (e.g. LAW FIRM, AGENT, GUARDIAN)? (Tick box)	Yes	
	No	
If yes, please provide the third party's contact details, including whether or not they are a designated person, and details of their listing.		

4. WHAT ARE YOU REPORTING? (Tick all applicable)**Suspected designated person***[please complete Part B of this form]***Frozen assets or other action taken***[please complete Part C of this form]***Suspected breach***[please complete Part D of this form]*

PART B: REPORTING A SUSPECTED DESIGNATED PERSON

This part should be used to report your knowledge or suspicion that an individual, business or organisation is a designated person and therefore subject to financial sanctions. Please complete a separate form for each designated person on whom you are reporting.

Your report should include information by which a designated person can be identified. For example, this might be aliases or alternative identities that could be used to evade sanctions.

If you are also reporting that you have frozen the assets of a designated person or have taken any other action in compliance with a sanctions measure, please complete Part C of this form. If you are also reporting a suspected breach of financial sanctions, please complete Part D of this form. Please note that the obligation to report a suspected breach extends to reporting attempted breaches, including where the activity or transaction concerned has been blocked or refused.

5. SUSPECTED DESIGNATED PERSON (INCLUDING PERSONS OWNED OR CONTROLLED BY THEM)	
Applicable sanctions regime	
Any ID number from the applicable list of designated persons	
Name of the designated person as given on the applicable list of designated persons	
Name of the person/entity if owned/controlled by a designated person	



6. INFORMATION ON WHICH YOUR KNOWLEDGE OR SUSPICION IS BASED

What has caused you to know or suspect that the person you are reporting on is a designated person (or is owned/controlled by one)?

Please provide as much detail as possible, including your relationship with the person, what information you hold and how it came to you.

Please provide any information not already on the applicable list of designated persons by which the designated person can be identified

e.g. new aliases, dates of birth, addresses, passport numbers, additional trading names, etc.

PART C: INFORMATION ON FROZEN ASSETS OR OTHER ACTION

This part should be used to report that you have frozen the assets of a designated person or have taken any other action in compliance with a sanctions measure. Please complete a separate form for each designated person whose assets you have frozen or in respect of whom you have taken other action.

If you know or suspect that a person is a designated person, please complete Part B of this form. If you are also reporting a breach of financial sanctions, please complete Part D of this form.

7. DESIGNATED PERSON (DP)	
Applicable sanctions regime	
Any ID number from the applicable list of designated persons	
Name of the designated person as given on the applicable list of designated persons	
Name of the person/entity if owned/controlled by a designated person	

8. PLEASE PROVIDE INFORMATION ON ALL FUNDS AND ECONOMIC RESOURCES YOU HAVE FROZEN OR OTHER ACTION YOU HAVE TAKEN TO COMPLY WITH A SANCTIONS MEASURE

For guidance on what to include please see Annex 2

Part D: INFORMATION ABOUT A SUSPECTED BREACH

This part should be used to report any suspected or known breach of financial sanctions. Please complete one form for each overarching activity. Multiple transactions/transfers relating to an overarching activity may be listed in one form.

Your report should include all known details in relation to the suspected breach activity. Additional supporting material should be attached to your submission and noted in section 22. Where information is not known or not applicable, please state that fact.

9. WHO DO YOU SUSPECT HAS COMMITTED, OR HAS ATTEMPTED TO COMMIT, THE SUSPECTED BREACH? Please provide details:

10. SUMMARY OF FACTS

Please include the date(s) the suspected breach(es) were discovered, how they were discovered, and the series of actions that led to a suspected breach taking place (where known):

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11. DOES THIS INFORMATION RELATE TO A SUSPECTED COMPLETED, OR SUSPECTED ATTEMPTED BREACH? (Tick box)

Completed	
Attempted (<i>including blocked or rejected activity</i>)	

12. FINANCIAL SANCTIONS REGIME(S) UNDER WHICH THE SUSPECTED BREACH HAS OCCURRED

Financial sanctions regime(s)	
Relevant legal provision(s)	

DETAILS OF SUSPECTED BREACH

13. WHAT DOES THE SUSPECTED BREACH INVOLVE:		(Tick all applicable)
FUNDS		
Describe, in full, the type(s) of funds involved.		
ECONOMIC RESOURCE(S)		
Describe, in full, the economic resource(s) involved.		
PROVISION OF SERVICES		
Describe, in full, what the services are, including how and when they were provided.		



LICENCE CONDITIONS	
Give the licence condition(s) and describe, in full, how you suspect it has been breached. Please include the licence no.	
REPORTING OBLIGATIONS	
Give the reporting obligation and describe, in full, how you suspect it has been breached. Please include the licence no. where relevant.	

14. TOTAL VALUE OF THE SUSPECTED BREACH (ACTUAL OR ESTIMATED)

Please provide this information in the currency that was used at the time of the transfer (or provide an estimated value in GBP if unknown).

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15. METHOD(S) OF PAYMENT AND/OR TRANSFER

e.g. bank transfer, cash, cheque, money order, internet/electronic, or physical asset transfer – road, rail, air, sea, etc.

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16. REMITTER/SENDER INFORMATION

Please provide full information on the remitter/sender of the funds and/or economic resources, including: dates, goods involved, amount(s), currencies, account names, account numbers and sort codes, bank details, and nationalities of payers, dates of birth, where known.

If more space is required, please complete Annex 1 (A1), or attach supporting documents with your submission.



17. INTERMEDIARY INFORMATION

Please provide any information you have on intermediaries involved in the activity, including: role in transfer, name(s), date of birth, company registration information, country of operation/nationality, address/location, account name, account number and sort code and bank details, where known.

If more space is required, please complete Annex 1 (A2), or attach supporting documents with your submission.



18. ULTIMATE BENEFICIARY INFORMATION

Please provide information on the ultimate beneficiaries of the funds and/or economic resources, including: name, account name, account number and sort code, bank details, residential/company address, date of birth and nationality, where known.

If more space is required, please complete Annex 1 (A3) or attach supporting document(s) with your submission.

19. PLEASE LIST ALL EXTERNAL PARTIES WHO HAVE BEEN MADE AWARE THAT THIS INFORMATION IS BEING PASSED TO THE POLICY & RESOURCES COMMITTEE, INCLUDING ANY DESIGNATED PERSONS

20. HAS THIS MATTER BEEN REPORTED TO ANY OTHER AUTHORITY?

If so, please provide their contact details.

21. OTHER RELEVANT INFORMATION

Please provide any other information you think will help us understand what has happened:



22. ARE YOU PROVIDING ANY SUPPORTING DOCUMENTS? Please include any documents that support the information provided, such as bank statements, transaction reports, copies of licences, paperwork, contracts, etc. including those from other jurisdictions.		Yes	
		No	
Please list the supporting documents you are providing.			

DECLARATION

I certify that the information in this document is true to the best of my knowledge and belief.

Name

Signature

Date

ANNEX 1

Additional remittances (*for Section 16 Remitting information*)

A1. ADDITIONAL REMITTANCE INFORMATION

Additional intermediaries involved (*for Section 17 Intermediary information*)

A2. ADDITIONAL INTERMEDIARIES

Additional beneficiaries involved (*for Section 18 Ultimate beneficiary(ies) information*)

A3. ADDITIONAL BENEFICIARIES

ANNEX 2

FROZEN ACCOUNTS

All reports of frozen accounts should include the following information:

- Name of financial institution holding the account
- Account name
- Details of the account holder
- Date account frozen
- Type of account
- Account number
- Sort code (where relevant)
- Credit balance
- Debit balance
- Currency
- Date account opened
- Any other relevant information relevant to the freezing of the account

FROZEN PAYMENTS/TRANSACTIONS

All reports of frozen payments or transactions should include the following information:

- Details of the institution/person who has frozen the transaction
- Details of their role in the transaction
- Date of transaction (Inc. amount and currency)
- Date transaction frozen
- All relevant account details (originator, intermediaries, beneficiary)
- Details of the originator of the transaction (name, address, etc.)
- Details of the originating financial institution (name, address, etc.)
- Details of any intermediary financial institutions (name, address, etc.)
- Details of the beneficiary of the transaction (name, address, etc.)
- Details of the beneficiary financial institution (name, address, etc.)
- Any additional information found in the originator-to-beneficiary or bank-to-bank information
- Any other additional information relevant to the freezing of the transaction, including the payment instruction where available