CONFIDENTIAL

Appendix 1

REPORT TO MONEY LAUNDERING REPORTING OFFICER RE: SUSPECTED MONEY LAUNDERING ACTIVITY

To: Monitoring	Officer, Money Laundering Reporting Officer				
From:	[Name of employee]				
Department:	[Post title and Service Area]				
Tel No: Email:					
DETAILS OF SUSPECTED OFFENCE:					
	dress(es) of person(s) involved: ic body please include details of nature of business]				
[Please include full of	cions regarding such activity: a separate sheet if necessary]				

Anti-Money Laundering Policy	November 2023	
Has any investigation been undertaken (as far as you are aware)? [Please tick relevant box]	Yes	No 🗌
If yes, please include details below:		
Have you discussed your suspicions with anyone else?	Yes	No 🗌
[Please tick relevant box]		
If yes, please provide details of who the discussions took p such discussion was necessary:	olace with an	d explain why
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Anti-Money Laundering Policy	November 2023
Have you consulted any supervisory body guidance re: Yes money laundering (e.g. the Law Society) [Please tick relevant box]	No 🗌
If yes, please specify below:	
Do you feel you have a reasonable justification for not Yes disclosing the matter to the NCA? (e.g. are you a lawyer and wish claim legal privilege?) [Please tick relevant box]	No to
If yes, please set out full details below:	

Anti-Money Laundering Policy	IN	ovember 2023
Are you involved in a transaction which might be a	Yes	No 🗌
prohibited act under sections 327-329 of the Act and which requires appropriate consent from the NCA		
[Please tick relevant box]		
If yes, please include details below:		
Please set out below any other information you feel is relev	ant:	
Please do not discuss the content of this report with anyon involved in the suspected money laundering activity descriconstitute a tipping off offence, which carries a maximum primprisonment.	bed. To do s	o may
Signed:		
Dated:		