

## Suspicious activity report (art. 9 MLA)

To be sent by FAX or - in absence of a FAX - by priority mail to:

Money Laundering Reporting Office Switzerland  
Federal Office for Police  
Nussbaumstrasse 29  
3003 Bern  
**Fax 031-323 39 39**  
Telephone 031-323 40 40

### General checklist

(You can move the cursor from field to field by pressing the Tab-key)

#### Sender (Data on the financial intermediary)

Company	:
Street	:
Zip code / City	:
	:
Contact person	:
Telephone	:
Fax	:
	:
Date of report	:
Sender's reference	:
	:
Number of pages(incl.encl.)	:

#### Data on business relation

Place of business relation (e.g. place where the account is managed or place of spot transaction)	:
	:
In case of divergence, place where the activity prompting the report took place	:
	:
Account or safekeeping account number(s) or "spot transaction"	:

Statement of assets and liabilities to be provided in the annex

Report of a suspicious act according Art. 9 MLA  
**General checklist**

Data on contracting party

Individuals

Surname, first name :  
Address of residence :  
Date of birth :  
Nationality :  
Home town (if known) :  
Telephone (if known) :  
Fax (if known) :  
Profession (if known) :

Legal entities/companies

Company :  
Domicile :  
Telephone (if known) :  
Fax (if known) :  
Type of business (if known) :

For all cases

Identification document and its number :  
**Please attach a copy to the annex**  
Issuing agency :  
Date :

Way mail is delivered  
to the contracting party : ☐  
poste restante : ☐  
to a third party, namely (name and address) : ☐

Data on third parties involved :  
(e.g. payee, payer, deliverer of checks, stocks, guarantee beneficiary, guarantee surety, third-party security creditors)

Type of account :  
(e.g. individual/joint account, numbered/personal account, global account)

Are there any other types of business relations? :  
(e.g. additional accounts / safekeeping accounts)

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Data on persons with power of attorney/authorized signatory

Surname, first name :  
Address of residence :  
(if known)  
Date of birth (if known) :  
Nationality / home town :  
(if known)  
Power of attorney or :  
authorized signatory?

Please list further persons having power of attorney or authorized signatories in the annex in the same manner as above.

Data on the ultimate beneficial owner

Is the ultimate beneficial owner :  
identical with the contracting  
party?  
If no, provide surname, first :  
name and address of  
residence of the ultimate  
beneficial owner

Please describe how the activity took place, which prompted the report:

Report of a suspicious act according Art. 9 MLA  
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Why is this activity suspicious?

Which steps have you already taken (e.g. own investigations)?

Annex

- Account opening documents
- Identification documents
- Form A or other documents proving the ultimate beneficial ownership (if existent)
- Data on persons having power of attorney or authorized signatory
- Statement of assets and liabilities as of the notification date