

CAYMAN ISLANDS



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**THE PROCEEDS OF CRIME LAW, 2008  
(LAW 10 OF 2008)**

**THE PROCEEDS OF CRIME (DISCLOSURE) ORDER, 2010**



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**THE PROCEEDS OF CRIME (DISCLOSURE) ORDER, 2010**

In exercise of the power conferred by section 143 of the Proceeds of Crime Law, 2008, the Governor in Cabinet makes the following Order -

1. This Order may be cited as the Proceeds of Crime (Disclosure) Order, 2010. Citation
2. A disclosure pursuant to section 136 or 137 of the Law shall be made in the form prescribed in the Schedule to this Order. Form of disclosure  
Schedule
3. A person who wilfully makes, causes to be made, or assists in the making of, a statement in a disclosure referred to in paragraph 2 which he knows to be false or fraudulent commits an offence and is liable on summary conviction - Offence
  - (a) in the case of a first offence, to a fine of one thousand dollars or to imprisonment for a term of six months, or to both;
  - (b) in the case of a second offence, to a fine of two thousand dollars or to imprisonment for a term of one year, or to both; or
  - (c) in the case of a third or subsequent offence, to a fine of five thousand dollars or to imprisonment for a term of two years, or to both.

**SCHEDULE**

(Paragraph 2)

**DISCLOSURE**

**CONFIDENTIAL**

**FINANCIAL REPORTING AUTHORITY**

**Delivery Address:**

80E Shedden Road  
3<sup>rd</sup> Floor, Elizabethan Square,  
Phase IV  
George Town, Grand Cayman  
Cayman Islands  
Tel No. (345) 945-6267  
Fax No. (345) 945-6268



**Mailing Address:**

P.O. Box 1054  
Grand Cayman KY1 -  
1102  
Cayman Islands

**SUSPICIOUS ACTIVITY REPORT**

***Note: This form should preferably be typed using arial 12 point font.***

Date of this Report:

Date of Original Report (if applicable):

FRA Case No. (if known):

**1. REPORTING ENTITY DETAILS:**

Name of Reporting Entity:                      Reference of Reporting Entity:

Address of Reporting Entity:

Name of Money Laundering Reporting Officer:

**Note: The name of an individual who is authorized to discuss the contents of this report must be provided.**

Phone number:

Fax number:                                      Direct private fax:  yes  no

Do you wish to be contacted prior to faxes being sent to this number:

yes  no

Type of Reporting Entity:

(i.e. bank, trust company, mutual fund administrator, insurance manager, real estate agent etc.)

Nature of service(s) provided to the individual and / or entity that is the subject of this report:

**2. SUBJECT(S) OF REPORT (Natural Persons):**

**Note: Please attach additional sheets as necessary.**

Surname:	First Name:	Gender:
Date of Birth:	Place of Birth:	Nationality:
Occupation/Profession:		
Address(es):		
PO Box:	Street No. and Name:	City/Town
State/Province	Country	Zip/Postal Code:
Telephone No:	Fax No.:	E-Mail:
Identification Document Type: (i.e. passport, driver's license etc.)		
Identification Document Number:		
Date of Issue:		
Place of Issue:		
Account number(s) if applicable:		
Other signatories on the account. (Please include relevant KYC details):		
Other Information:		

**3. SUBJECT(S) OF REPORT (Legal Entities)**

**Note: Please attach additional sheets as necessary.**

Entity Type (company, trust, partnership, charity, other):

Name of Entity:

Jurisdiction of Incorporation/Registration:

Date of Incorporation/Registration:

Purpose of Entity:

Registered Office Address (or address of Trustee or General Partner etc.):

Business Address (if different from registered office address):

**NOTE: Please include relevant information for entity type (i.e. settlor and beneficiary information for a trust). For each of the following which is a natural person please provide the information noted in Section 2.**

Shareholder(s):

Name(s):

Director(s):

Name(s):

Ultimate Beneficial Owner (s) if different from above:

Name(s):

