

**CONFIDENTIAL**

**To:**

The Money Laundering Reporting Officer  
Director of Resources (S151 Officer)

**From (Officer Reporting Suspected Activity):**

Name	
Position	
Business Unit	
Email Address	
Telephone Number	

**Do not discuss the content of this report with anyone, especially the person you believe to be involved in the suspected money laundering activity you have described. To do so may constitute a tipping off offence.**

**Details of suspected offence:**

Name(s) and address(es) of person(s) involved: (Please also include date of birth, nationality, national insurance numbers- if possible) (If a company please include details of nature of business, type of organisation, registered office address, company registration number, VAT registration number)
Nature, value, and timing of activity involved: (Please include full details e.g., what, when, where how.)
Nature of suspicions regarding such activity:

Has any investigation been undertaken (as far as you are aware), If yes, please include details below: Yes / No

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Have you discussed your suspicions with anyone else, if yes, please specify below, explaining why such discussion was necessary: Yes / No

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Have you consulted any supervisory body guidance re money laundering? (e.g., the Law Society) If yes, please specify below: Yes / No

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Do you feel you have reasonable grounds for not disclosing the matter to the NCA? (e.g., are you a lawyer and wish to claim legal professional privilege?) If yes, please set out full details below: Yes / No

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Are you involved in a transaction which might be a prohibited act under the Proceeds of Crime Act and which requires appropriate consent from NCA, If yes, please enclose details below: Yes / No

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Please detail below any other information you feel is relevant:

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**FOR COMPLETION BY THE MONEY LAUNDERING REPORTING OFFICER**

Date Report received	
Date report acknowledged	

**Consideration of Disclosure - Action plan**

Are there reasonable grounds for suspecting money-laundering activity?
If there are reasonable grounds for suspicion, will a report be made to NCA? Yes / No

If yes, please confirm date of report to NCA:

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Details of liaison with NCA regarding the report:

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Is consent required from the NCA for any ongoing or imminent transactions that would otherwise be prohibited acts. If yes, please confirm full details; Yes / No

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Date consent received from NCA	
Date report acknowledged	
Date consent given by you to employee	
Date consent given by you to employee for any prohibited act transactions to proceed:	

Signature	
Print Name	
Dated	

**RETENTION PERIOD FIVE YEARS**