



FINANCIAL TRANSACTIONS REPORTING  
(FORMS) REGULATIONS 2004

---

LAURENCE MURRAY GREIG, Chief Justice of the High Court of the Cook Islands

ORDER IN EXECUTIVE COUNCIL  
At Avarua, Rarotonga, this 18<sup>th</sup> day of February 2004

Present:

HIS HONOUR THE CHIEF JUSTICE OF THE HIGH COURT OF  
THE COOK ISLANDS IN EXECUTIVE COUNCIL

PURSUANT to Article 7(1) and sections 10 and 11 of the Financial Transactions Reporting Act 2003, the Chief Justice of the High Court, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

---

ANALYSIS

- |                                 |  |
|---------------------------------|--|
| 1. Title                        | 4. Electronic funds transfer report form |
| 2. Interpretation               | 5. Suspicious transaction report form    |
| 3. Cash transaction report form |  |
- 

REGULATIONS

1. Title - These regulations may be cited as the Financial Transactions Reporting (Forms) Regulations 2004.

Price \$3.00

2. Interpretation - In these regulations, unless the context otherwise requires - "Act" means the Financial Transactions Reporting Act 2003.

3. Cash transaction report form - A financial institution required to report any cash transaction under section 10(1)(a) of the Act, must use the form set out in Schedule I of these Regulations.

4. Electronic funds transfer report form . A financial institution required to report any electronic funds transfer under sections 10(1)(b) or 10(1)(c) of the Act, must use the form set out in Schedule 2 of these Regulations.

5. Suspicious transaction report form - (1) A financial institution required to report any suspicious transaction under sections 11 or 12 of the Act, must use the form set out in Schedule 3 of these Regulations.

- (2) A financial institution must in addition to completing the form set out in Schedule 3, provide the following information to the FIU
- (a) a copy of all records held by the financial institution concerning the transaction;
  - (b) without limiting the generality of paragraph (a):
    - (i) the name, and all contact details held by the financial institution, of every person known to the financial institution to have been involved in the conduct of the transaction, including every person on whose behalf that transaction was conducted; and
    - (ii) the dates relevant to the transaction;
  - (c) if an account provided by the financial institution is relevant to the transaction, -
    - (i) the type and identifying number of any account used by the financial institution for that transaction; and
    - (ii) a copy of the information and documents required by section 4 of the Act to be obtained and kept by the financial institution in respect of customers of that account; and
    - (iii) a copy of the documentary evidence that is mentioned in section 4 of the Act; and is a record (relating to that account) required by section 6 of the Act to be kept by the financial institution.

P. Arere  
**Clerk of the Executive Council**

---

These Regulations are administered by the Financial Intelligence Unit

BY AUTHORITY:  
Cock Islands Government – 2004

SCHEDULE 1



**CASH TRANSACTION  
REPORT (CTR)  
NZ\$10,000 OR MORE**

Please complete in **INK**  
and in **CAPITAL LETTERS**

Reporting of "significant" cash transactions is required by law under Section 10(1)(a) of the Financial Transactions Reporting Act 2003. Penalties exist for failure to report or to supply full and correct information.

**PART A - IDENTITY OF PERSON CONDUCTING  
THE CASH TRANSACTION**

**1 Full name (title, given names and surname)**

\_\_\_\_\_

\_\_\_\_\_

Also known as: \_\_\_\_\_

<b>2 Date of birth</b>	<b>3 Country of birth</b>
_____	_____
Day /Month/ Year	

**4 Occupation, business or principal activity**

\_\_\_\_\_

\_\_\_\_\_

**5 Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**6 Residential address (cannot be a PO Box)**

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**7 NON RESIDENT - Cook Islands contact address**

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**8 Give details if this person is a signatory to account affected by this transaction**

Account Title/Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Branch: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**9 How was the identity of this person confirmed?**

ID Type: \_\_\_\_\_

ID Number: \_\_\_\_\_

Issuer: \_\_\_\_\_

**10 Is a photocopy of ID document/s attached?**

Yes  No

If more than one person involved please provide same details contained in sections 1 - 11 for each person, where appropriate, and attach.

**PART B - DETAILS OF PERSON/ORGANISATION ON WHOSE BEHALF  
THE TRANSACTION WAS CONDUCTED (if applicable)**

**11 Full name of person/organisation**

\_\_\_\_\_

**12 Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**13 Occupation, business or principal activity**

\_\_\_\_\_

**14 Give details if this person is a signatory to account affected by this transaction**

Account Title/Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Branch: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**PART C - DETAILS OF THE TRANSACTION**

**15 Date of transaction**

\_\_\_\_\_

Day / Month / Year

**16 Total amount of this transaction (include cash and any other components of the transaction - if a foreign currency is involved, convert the amount to New Zealand dollars)**

NZ\$ \_\_\_\_\_

**17 If a Foreign currency was involved in this transaction, specify:**

Foreign Currency \_\_\_\_\_  
(eg Hong Kong Dollars)

Foreign Currency Amount \_\_\_\_\_  
(eg HKD\$400,000)

<b>18 Cash paid IN</b> <input type="checkbox"/>	<b>19 Cash paid OUT</b> <input type="checkbox"/>
---	--

**20 Type of transaction(s) involved**

Transfer to another Financial Institution: \_\_\_\_\_

Travellers cheques \_\_\_\_\_

Foreign currency \_\_\_\_\_

Bank cheque \_\_\_\_\_

Account deposit / withdrawal \_\_\_\_\_

Bank draft \_\_\_\_\_

Securities \_\_\_\_\_

Precious stones/metals/pearls etc \_\_\_\_\_

Other \_\_\_\_\_

**21 If a cheque/bank draft/money order/telegraphic transfer/ transfer of currency or purchase or sale of any security was involved in this transaction, please specify:**

Drawer/Ordering Customer: \_\_\_\_\_

Payee/Favouree/Beneficiary: \_\_\_\_\_

**22 If another financial institution was involved in this transaction please specify:**

Name of Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

Country: \_\_\_\_\_

**PART D - DETAILS OF THE RECIPIENT PERSON/ORGANISATION (if applicable)**

**23 Full name of person/organisation**

\_\_\_\_\_

**24 Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**25 Occupation, business or principal activity**

\_\_\_\_\_

**26 Reason for transaction (eg payment for imports)**

\_\_\_\_\_

**27 Details of recipient account (if not already provided)**

Account Title/Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Branch: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**PART E - EXPLANATORY NOTES**

**28 Give details of the nature and circumstances surrounding the transaction if required. PLEASE PRINT IN BLOCK LETTERS**

\_\_\_\_\_

\_\_\_\_\_

**29 Is additional information attached to this report?**

Yes  No

Please specify: \_\_\_\_\_

**PART F REPORTING FINANCIAL INSTITUTION**

**30 Type of Financial Institution (eg bank)**

\_\_\_\_\_

**31 Name of Financial Institution**

\_\_\_\_\_

**32 Name of branch or office where transaction was conducted**

\_\_\_\_\_

**33 Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART G - FINANCIAL INSTITUTION'S STATEMENT**

**34 Details of authorised person:**

Given names and surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**35 This statement is made pursuant to the requirement to report "significant" cash transactions under Cook Islands laws on the grounds detailed in this report.**

Signature of authorised person

Sign here

Date:

DAY / MONTH / YEAR

**36 Financial Institutions internal reference number (if applicable)**

\_\_\_\_\_

Send completed forms to:	For assistance contact:
Head of FIU PO Box 3219 Rarotonga COOK ISLANDS	Financial Intelligence Unit Phone: (+628)29182 Fax: (+682)29183 email: cifiu@oyster.net.ck

SCHEDULE 2



**ELECTRONIC FUNDS TRANSFER REPORT (EFTR)**

Please complete in **INK** and in **CAPITAL LETTERS**

Reporting of electronic funds transfers, of over NZ\$10,000, is required by law under Section 10(1)(b) and (c) of the Financial Transactions Reporting Act 2003. Penalties exist for failure to report or to supply full and correct information.

**PART A - DETAILS OF THE TRANSACTION**

**1 Initiating office/branch**

---

**2 Date of transmission/receipt**

\_\_\_\_\_

DAY / MONTH / YEAR

**3 Direction of transmission**

Into Cook Islands       Out of Cook Islands

**4 Transaction reference number**

---

**5 Sending institutions details**  
BIC (where applicable or) \_\_\_\_\_

Name of Bank: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

**6 Receiving institutions details**  
BIC (where applicable or) \_\_\_\_\_

Name of Bank: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

**7 Date funds available**

\_\_\_\_\_

DAY / MONTH / YEAR

**8 If a Foreign currency was involved in this transaction, specify:**

Foreign Currency \_\_\_\_\_  
(eg Hong Kong Dollars)

Foreign Currency Amount \_\_\_\_\_  
(eg HKD\$400,000)

**PART B - INVOLVED PARTY AND INSTITUTION DETAILS**

**9 Ordering customer/organisation** (SWIFT field 50)

Name: \_\_\_\_\_

Occupation, business or principal activity

---

Business/Residential address (physical and PO Box)

PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Account details:

Account Title/Name: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

Person who authorised transfer:

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Position with organisation: \_\_\_\_\_

**10 Beneficiary customer/organisation** (SWIFT field 59)

Name: \_\_\_\_\_

Occupation, business or principal activity

---

Business/Residential address (physical and PO Box)

PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Account details:

Account Title/Name: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

Person identified to receive payment (if applicable)

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Position with organisation: \_\_\_\_\_

**11 Sender's Correspondent**

Name of Bank: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

**12 Receiver's Correspondent**

Name of Bank: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

**PART C - ADDITIONAL PAYMENT DETAILS**

**13 Details of payment**  
 (SWIFT field 72 - Additional information for the beneficiary customer regarding the payment eg invoice number)

---



---



---

**14 Sender to Receiver information**  
 (SWIFT field 72 - Additional information for the receiving institution - also known as Bank to Bank information)

---



---



---



---

**15 Additional information (include Intermediary bank details, related reference number, ordering and beneficiary institutions)**  
 (SWIFT field reference - related reference number - 21, ordering institution - 52, intermediary - 56, beneficiary institution - 58)

---



---



---



---



---

**16 Any other information deemed relevant**

---



---



---



---



---

**17 Is additional information attached to this report?**

No  Yes

Please specify: \_\_\_\_\_

---



---



---



---

**PART D - REPORTING FINANCIAL INSTITUTIONS**

**18 Type of Financial Institution (eg bank)**

---

**19 Name of Financial Institution**

---

**19 Name of branch or office where transaction was conducted**

---

**21 Business/Residential address (physical and PO Box)**

PO Box: \_\_\_\_\_

---

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**23 This statement is made pursuant to the requirement to report suspicious transactions under Cook Islands laws on the grounds detailed in Part E.**

Signature of authorised person

Sign here

Date:

DAY / MONTH / YEAR

**24 Financial Institutions internal reference number (if applicable)**

---

<b>Send completed forms to:</b>	<b>For assistance contact:</b>
Head of FIU PO Box 3219 Rarotonga COOK ISLANDS	Financial Intelligence Unit Phone: (+628)29182 Fax: (+682)29183 email: cifu@oyster.net.ck

**SCHEDULE 3**



**SUSPICIOUS TRANSACTION REPORT (STR)**

Please complete in **INK** and in **CAPITAL LETTERS**

Reporting of suspicious transactions is required by law under Section 11(1) of the Financial Transactions Reporting Act 2003. Penalties exist for failure to report or to supply full and correct information.

**PART A - IDENTITY OF PERSON CONDUCTING THE SUSPICIOUS TRANSACTION**

**1 Full name (title, given names and surname)**

\_\_\_\_\_

\_\_\_\_\_

Also known as: \_\_\_\_\_

<b>2 Date of birth</b>	<b>3 Country of birth</b>
_____	_____
Day /Month/ Year	

**4 Occupation, business or principal activity**

\_\_\_\_\_

**5 Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**6 Residential address (cannot be a PO Box)**

\_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**7 NON RESIDENT - Cook Islands contact address**

\_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**8 Give details if this person is a signatory to account affected by this transaction**

Account Title/Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Branch: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**9 How was the identity of this person confirmed?**

ID Type: \_\_\_\_\_

ID Number: \_\_\_\_\_

Issuer: \_\_\_\_\_

**10 Is a photocopy of ID document/s attached?**

Yes  No

If more than one person involved please provide same details contained in sections 1 - 11 for each person, where appropriate, and attach.

**PART B - DETAILS OF PERSON/ORGANISATION ON WHOSE BEHALF THE TRANSACTION WAS CONDUCTED (if applicable)**

**11 Full name of person/organisation**

\_\_\_\_\_

**12 Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**13 Occupation, business or principal activity**

\_\_\_\_\_

**14 Give details if this person is a signatory to account affected by this transaction**

Account Title/Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Branch: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**PART C - DETAILS OF THE TRANSACTION**

**15 Type of transaction (eg deposit)**

\_\_\_\_\_

**16 Date of transaction**

\_\_\_\_\_

Day / Month / Year

**17 Total amount of this transaction (include cash and any other components of the transaction - if a foreign currency is involved, convert the amount to New Zealand dollars)**

NZ\$ \_\_\_\_\_

**18 If a Foreign currency was involved in this transaction, specify:**

Foreign Currency (eg Hong Kong Dollars) \_\_\_\_\_

Foreign Currency Amount (eg HKD\$400,000) \_\_\_\_\_

**19 If a cheque/bank draft/money order/telegraphic transfer/transfer of currency or purchase or sale of any security was involved in this transaction, please specify:**

Drawer/Ordering Customer: \_\_\_\_\_

Payee/Favouree/Beneficiary: \_\_\_\_\_

**20 If another financial institution was involved in this transaction please specify:**

Name of Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_ Country: \_\_\_\_\_

**21 Give details of accounts of any OTHER person(s) / organisation(s) affected by this transaction**

Account Title: \_\_\_\_\_

Account type: \_\_\_\_\_

Bank/Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

**PART D - DETAILS OF THE RECIPIENT PERSON/ORGANISATION**

**22 Full name of person/organisation**

Simiona Wichman

**23 Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**24 Occupation, business or principal activity**

\_\_\_\_\_

**25 Reason for transaction (eg payment for imports)**

\_\_\_\_\_

**26 Details of recipient account (if not already provided)**

Account Title/Name: \_\_\_\_\_

Account No. \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**PART E - GROUNDS FOR SUSPICION**

**27 Give details of the nature and circumstances surrounding the transaction and the reason for suspicion. (If there is insufficient space, attach a separate sheet). PLEASE PRINT IN BLOCK LETTERS.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**28 Is additional information attached to this report?**

Yes  No

Please specify \_\_\_\_\_

**PART F - REPORTING FINANCIAL INSTITUTION**

**29 Type of Financial Institution (eg bank)**

\_\_\_\_\_

**30 Name of Financial Institution**

\_\_\_\_\_

**31 Name of branch or office where transaction was conducted**

\_\_\_\_\_

**32 Business address (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART G - FINANCIAL INSTITUTION'S STATEMENT**

**33 Details of authorised person:**

Given names and surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**34 This statement is made pursuant to the requirement to report suspicious transactions under Cook Islands laws on the grounds detailed in Part E.**

Signature of authorised person

Sign here \_\_\_\_\_

Date: \_\_\_\_\_

DAY / MONTH / YEAR

**35 Financial Institutions internal reference number (if applicable)**

\_\_\_\_\_

Send completed forms to:	For assistance contact:
<p>Head of FIU PO Box 3219 Rarotonga COOK ISLANDS</p>	<p>Financial Intelligence Unit Phone: (+628)29182 Fax: (+682)29183 email: cifu@oyster.net.ck</p>