Date: / /

For the use of the unit

Notice No.:

Notice Date:

**Notice Form for Money Laundering or Financing of Terrorism Suspicious Transaction to be Filled by Mobile Payment Service Provider or their Representatives, Except Banks**

□ New Notice□ Amendment to a Previous Notice

**First: Information about the Reporter:**

1. Mobile payment service providers
2. Commercial Name
3. Company’s Name
4. Registration information maintained by competent authorities

|  |  |  |  |
| --- | --- | --- | --- |
| Registration No. |  | Registration Date | / / |
| Company Type |  | Nature of Business Activity |  |
| Nationality |  | Company National Number |  |

1. Authorized signatory/ signatories

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | National No. |  | Status |  |
| Name |  | National No. |  | Status |  |

1. Address in Jordan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Governorate |  | City |  | Neighborhood |  |
| Street |  | | Building No. |  | |
| P.O Box |  | Postal Code |  | Phone No. |  |
| Mobile No. |  | | Fax No. |  | |

1. Name of the Reporting Officer:

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile No. |  | E-mail |  |

1. Branch where the Transaction was Conducted

**b**. Representatives of Mobile Payment Service Providers:

1. Commercial Name
2. Type of Commercial Record: □ Company □ Individual Institution
3. Name of the Company or Institution
4. Registration Information maintained by Concerned Authorities

|  |  |  |  |
| --- | --- | --- | --- |
| Registration No. |  | Registration Date | / / |
| Company Type |  | Nature of Business Activity |  |
| Nationality |  | Company National Number |  |

1. Authorized signatory/ signatories

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | National No. |  | Status |  |
| Name |  | National No. |  | Status |  |

1. Address in Jordan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Governorate |  | City |  | Neighborhood |  |
| Street |  | | Building No. |  | |
| P.O Box |  | Postal Code |  | Phone No. |  |
| Mobile No. |  | | Fax No. |  | |

1. Name of Reporting Officer:

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile No. |  | E-mail |  |

1. Branch where the Transaction was Conducted

**Second: Information About the Suspected Person:**

1. Natural person
2. Person’s Name
3. Nature of Business Activity
4. Information of the Identification Document

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Document type | Document No. | Nationality | National Number for Jordanians | | | Gender | |
|  |  |  |  | | | Male | Female |
| Place of Issuance |  | Issuance date |  | Expiry Date | |  | |
| Date of Birth |  | | Place of Birth | | |  | |
| 1. Employer | | |  | | | | |
| 1. Residence Indicator | | | □ Resident | | □ Non-resident | | |

1. Permanent Residence Address

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country |  | P.O Box |  | Postal Code |  |
| Phone No. |  | Mobile No. |  | Fax No. |  |
|  | | |  | | |

1. Address in Jordan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Governorate |  | City |  | Neighborhood |  |
| Street |  | | Building No. |  | |
| P.O Box |  | Postal Code |  | Phone No. |  |
| Mobile No. |  | | Fax No. |  | |
| Mobile Number Registered for the Electronic Payment Service | | |  | | |

1. Legal Person
2. Commercial Name
3. Company Name
4. Registration Information maintained by Concerned Authorities

|  |  |  |  |
| --- | --- | --- | --- |
| Registration No. |  | Registration Date | / / |
| Company Type |  | Nature of Business Activity |  |
| Nationality |  | Company national number |  |
| Does the company have a relation with other companies? | □ Yes | □ No | |
| Mention them | | | |
| 4. Residence indicator | □ Resident | □ Non-Resident | |

1. Permanent residence address

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country |  | P.O Box |  | Postal Code |  |
| Phone No. |  | Mobile No. |  | Fax No. |  |

1. Address in Jordan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Governorate |  | City |  | Neighborhood |  |
| Street |  | | Building No. |  | |
| P.O Box |  | Postal Code |  | Phone No. |  |
| Mobile No. |  | | Fax No. |  | |
| Mobile Number Registered for the Electronic Payment Service | | |  | | |

1. Authorized signatories

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Nationality | National No. | Status |
|  |  |  |  |
|  |  |  |  |

**Third: Relation between the Suspected Person and the Reporting Party:**

1. Is there a relation between the suspected person and the reporting party? □ Yes □ No
2. Nature of relation between the suspected person and the reporting party

|  |
| --- |
| □ Customer □ Employee □ Partner  □ Accountant □ Lawyer □ other (specify) |

1. Is it a functional relationship? □ Yes □ No
2. If the answer is yes, what is the nature of this relation?

|  |
| --- |
| □ Still working □ Suspended from Work  □ Terminated □ Resigned  Date of suspension/ termination/ resignation: / / |

**Forth: Real Beneficiary:**

1. Real beneficiary’s name
2. Information of the identification document

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Document type | Document No. | | Nationality | National Number for Jordanians | | | Gender | |
|  |  | |  |  | | | Male | Female |
| Place of Issuance |  | | Issuance date |  | Expiry Date | |  | |
| Date of Birth |  | | | Place of Birth | |  | | |
| 3.Nature of business activity | |  | | 4.Employer | |  | | |
| 5.Residence Indicator | | | | □ Resident | | □ Non-Resident | | |

6.Permanent Residence Address

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country |  | P.O Box |  | Postal Code |  |
| Phone No. |  | Mobile No. |  | Fax No. |  |

7.Address in Jordan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Governorate |  | City |  | Neighborhood |  |
| Street |  | | Building No. |  | |
| P.O Box |  | Postal Code |  | Phone No. |  |
| Mobile No. |  | | Fax No. |  | |
| Mobile Number Registered for the Electronic Payment Service | | |  | | |

**Fifth: Information Related to the suspicious Transaction:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Transaction Date / / 2. Date of Suspicion / / | | | |
| 1. Transaction Value: | | | |
| Currency |  | Equivalent value in JD |  |
| 1. Type of Transaction:   □ Opening an e-wallet account  □ Cash feed in wallet account  □ Cash withdrawal from the e-wallet  □ Cash withdrawal from ATM affiliated to BIS  □ Receiving electronic transfer  □ Issuing electronic transfer  □ Others (specify) | | | |
| 1. Method of feeding E-wallet account | | | |
| □ Cash payment | □ Transfer from a foreign bank | □ Cheques | □ Credit card |
| □ Other (specify) | | | |
| 1. Name of paying person | | | |
| 1. Bank name (transfer issuance/ drawee bank/ card issuance): | | | |
| 1. The country where the bank operates | |  | |

**Sixth: Type of Suspicion:**

|  |
| --- |
| □ Forgery  □ Embezzlement  □ Fraud  □ Manipulating Financial Markets  □ Organized Crime □ Theft□ Financing of Terrorism  □ Illegal Arm Trading □ Human Trafficking  □ Drug Trafficking  □ Others (specify) |

**Seventh: Brief description of the suspected transaction (documents and records available shall be attached):**

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**Eighth: Causes and reasons for suspicion:**

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**Ninth: Procedures carried out by the reporting party to verify the validity of suspicion:**

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Signature Stamp

**Guidelines to fill the notice form of money laundering or financing of terrorism suspicious transactions filled by entities subject to the provisions of anti-money laundering and combating the financing of terrorism in force**

**The following instructions shall be followed when filling the attached form:**

1. Fill the form using a computer. The notice form can be downloaded from the Unit website: [www.amlu.gov.jo](http://www.amlu.gov.jo) under the item “Entities Obliged to Report” then click on “Forms”. In the event that such filling is difficult, the form may be filled in hand writing in clear and readable form.
2. The form shall be sent to the director of anti-money laundering and combating the financing of terrorism unit signed by the reporting officer nominated by the reporting party.
3. The notice form shall be delivered by hand to anti- money laundering and combating the financing of terrorism unit. In the events that require informing the unit urgently, the form shall be sent via fax or e-mail provided that it is protected by a password. The original copy shall be sent to the unit without any delay, noting that the address of the Unit is as follows:

**Anti-Money Laundering and Combating the Financing of Terrorism Unit**

**Amman- Prince Shakir Bin Zayd Street**

**Building No. 52**

**Tel: 00962-6-5630570**

**Fax: 00962-6-5630572**

**E-mail:** [**info@amlu.gov.jo**](mailto:info@amlu.gov.jo)

1. Subject to legal liability, the confidentiality of the information indicated in the reporting form shall be maintained and not be disclosed to any non- competent entity including the suspected customer.
2. The data concerning the natural person shall be collected from the identification document and from the registration certificate issued by the competent authorities in the case of a legal person.
3. If the suspected person was the representative of another person, the suspected person data shall be mentioned in item (second/a) and the information concerning (authentic- true beneficiary) shall be mentioned in item (Forth)
4. In the event of the existence of more than one authorized signatory for the legal person, all of them shall be mentioned in item (Second/b/7)
5. Under item Ninth, procedures carried out by the reporting party to verify the validity of suspicion shall include, for example, the searching operations within the government and commercial database in addition to verification operations of the purpose of the operations conducted by the suspected person and its compatibility with the nature of his/ her nature of activity.
6. In the event of multiple options, the required option shall be marked with a sign.
7. Copies of all documents and certificates available and necessary for assisting the unit to perform its duty shall be attached to the notice.
8. In the event that the notice was an amendment for a previous notice, only the information that need to be amended shall be filled in a blank form. It is necessary to indicate the original notice date and the name of the suspected person.
9. The Anti-Money Laundering and Combating the Financing of Terrorism Law and any other required information can be obtained through the unit website: [www.amlu.gov.jo](http://www.amlu.gov.jo)