

REPORT ON FREEZING ACTIONS TAKEN

In accordance with Law No. 6/2016 - Asset Freezing Regime, the entities that are obliged to comply with duties under Article 6 of Law 2/2006 need to report to the Asset Freezing Coordinating Commission (Commission), within two working days regarding the detection of any operation, where there is a reasonable presumption that a natural or legal person or entity is acting on behalf of, or at the direction of, a designated person or entity, or that the legal person or entity is owned or controlled by a designated person or entity and, furthermore, report to the Commission, within two working days upon its detection of an attempt to perform operations which violate the provisions of Article 7 or 8, as well as the information on the frozen assets.

Non-compliance with the duties established in Article 7, Article 8 paragraph 1, 2 and 4, and Article 16 paragraph 1 of Law No. 6/2016 - Asset Freezing Regime constitutes an administrative offence, and is subject to penalty according to Article 32 of Law No. 6/2016.

Please take note of the followings prior to completing the Reporting Form:

- **Provide** a clear and concise description to the transaction, and **state** all available information.
- **Identification Document** in detail of the designated person or entity, or any person or entity owned or controlled by the designated person or entity.
- **Provide** the necessary information to support the Reporting Form.
- **Complete** this Reporting Form in Block letters.
- **Take** reference to the explanatory notes below when completing the Reporting Form.
- After completion, please **send** this form to the Secretariat of the Commission - Financial Intelligence Office.

Address: Av. Dr. Mário Soares, nos. 307-323, Edif. "Banco da China", 22 andar

Contact Telephone Number: 2852 3666

(This box is to be completed by the Secretariat of the Commission)

Reporting Entity Reference Number: _____

Reporting Form Reference Number: _____ / _____

1. Reporting Date and Sequence Number:

/ / N^o
 yyyy / mm / dd

2. Type of Transaction Reported: (Please ✓ to select)

- Related to the Sanction List of terrorist financing
- Specific freezing ruling: United Nations Security Council Resolutions 1267, 1718, 1737 and 1988
 - General freezing ruling: United Nations Security Council Resolution 1373

Total Number of document submitted: _____ pages
 (Main Form _____ pages,
 Supplementary Form A _____ pages,
 Supplementary Form B _____ pages,
 Attachment _____ pages,
 Other Document _____ pages)

Section Explanatory Notes

1. **Reporting Date and Sequence Number** is comprised of the date of submitting the STR and the Sequential Number of STR submitted on the same day, eg. 2006/11/01 N^o 3 means the 3rd report submitted on 1st November 2006. This reference number is for temporary identification purpose. The Secretariat of the Commission will assign a unique Reporting Form Reference Number for each reported case, and inform reporting entity in writing.
2. **The Sanction List of terrorist financing** related to designated person/entity under Article 2 paragraph 4 "Specific Freezing Ruling" and Article 5 "General Freezing Ruling" of Law No. 6/2016 – Asset Freezing Regime.
6. **Supervisory Authorities** are the competent public departments or professional bodies governing the activities of certain reporting entities. Reporting entities should match themselves with their supervisory authorities.
9. **Designated person/entity** should be classified either as Individual or Corporation/ Organization. Corporation is also known as commercial establishment such as proprietorship/partnership/companies whilst Organization is usually set up for specific non-commercial purposes.

PART II – INFORMATION OF THE TRANSACTION

9. Number of Entity(ies) being reported:

- (1) Total number of Designated Person(s): _____ (Please complete one Supplementary Form A for each designated person)
(2) Total number of Designated Entity(ies): _____ (Please complete one Supplementary Form B for each designated entity)

10. Type of Transaction (✓ more than one box if necessary)

- a. Currency exchange / cash conversion
b. Remittance
c. Underground banking / alternative remittance services
d. Pawn shop transaction
e. Investment in capital markets
f. Use of foreign bank accounts
g. Use of offshore banks and corporations
h. Use of shell companies / corporations
i. Bank account opening / Cash deposit / Cheque deposit / Cheque issuing / Letter of Credit, etc.
j. Gaming activity (casinos, slot machines venues, lotteries, pari-mutuel, games of fortune promoters)
k. Insurance Transaction (Lump sum insurance / change of beneficiary / termination of insurance policy etc.)
l. Purchase of portable valuable commodities (gems, precious metals, antiques etc.)
m. Purchase of valuable assets (real estate, vehicles, yacht etc.)
n. Purchase of goods
o. Use of professional services (lawyers, solicitors, notaries, registrars, accountants, auditors and tax advisers etc.)
p. Others (Please specify _____)
q. Sanction List and Assets Involved (Please provide information in no. 17 and 18 of Part III)

11. Is the above transaction completed via Internet? (Please fill in the appropriate number in the box) [] (2) Yes (4) No

12. Date/Period of transaction(s): from []/[]/[] to []/[]/[]
yyyy / mm / dd

13. Currencies Involved (Please fill in the respective amount. More than one currency can be filled in if necessary. Reporting entity should fill in the transaction amounts according to the original currencies identified in the case, e.g. the reporting entity should report 100,000 US Dollars as '100,000.00' in the respective row of USD)

Table with 10 rows (a-j) for currencies: MOP, HKD, RMB, JPY, EURO, USD, CAD, AUD, NZD, Others. Includes grid boxes for amount entry and a 'Please state:' field.

14. Country/Region of Origin/Destination of Funds: (More than country can be completed)

Table with 4 columns: Origin of Fund (Country, Province/City) and Destination of Fund (Country, Province/City). Includes empty rows for data entry.

15. Payment Method (Please ✓ in the appropriate box, more than one box can be selected if necessary.)

- a. Cash
b. Cheque
c. Remittance
d. Cashier Order
e. Credit Card
f. Traveler's Cheque
g. Draft
h. Debit Card
i. Letter of Credit
j. Account Transfer
k. Others (please specify _____)

PART III – INFORMATION ON THE FROZEN ASSETS

17. Sanction List: (Article 2 paragraph 4 and 5 of Law No. 6/2016)
Specific Freezing Ruling
 UNSCR 1267

 UNSCR 1718

 UNSCR 1737

 UNSCR 1988

 Other Sanction List (Subsequent Resolution – Please specify: _____)

General Freezing Ruling
 UNSCR 1373

 Other Sanction List

18. Asset Involved: (Please add additional row if needed)

Asset Type (In accordance with Article 2 paragraph 2 of Law No. 6/2016)	Asset identification information (Account number, property registration number, vehicle registration number, etc)	Estimated Value		Remarks
		Currency	Amount	
Funds:				
(Example: Bank Account 1)				
(Example: Bank Account 2)				
Economic Resources:				
(Example: Property 1)				
(Example: Property 1)				

Remark: Please add additional rows of Funds or Economic Resources to the above table and provide detail explanation when necessary.

A09. Contact Phone Number: (____) _____ Fax Number: (____) _____
 Mobile Phone Number: (____) _____ E-mail Address: _____

A10. Type of Relationship with the reporting entity: (Please fill in the appropriate number in the box)
 (1) New Client (2) Existing Client (3) Supplier (4) Gaming Promoter
 (5) Insurance Agent (6) Employee (please indicate the position held: _____)
 (7) Ex-Client (9) Others: _____

A11. Is relationship still maintained with the designated person? (Please fill in the appropriate number in the box)
 (2) Yes
 (4) No. Please specify reason. (Please fill in the appropriate number in the box)
 1) Cessation of commercial relationship
 2) Dismissed
 9) Others: _____

A12. Date of termination of relationship / /
 (where applicable) (yyyy / mm / dd)

Other information to be filled in only by entities supervised by AMCM (Section A13-A15)

A13. Related Accounts

(To be filled in by Financial Institution only. Provide more information in the Attached Blank Form where necessary.)

	Account (1)	Account (2)
Country/Region & Name of Bank*		
Account Number		
Account Type		
Account Opening Date (yyyy/mm/dd)		
Account Balance (Currency & Amount as of Reporting Date)		
Account Holder's Name		
	Account (3)	Account (4)
Country/Region & Name of Bank*		
Account Number		
Account Type		
Account Opening Date (yyyy/mm/dd)		
Account Balance (Currency & Amount as of Reporting Date)		
Account Holder's Name		

A14. Related Insurance Policies

(To be filled in by Insurance Company / Insurance Intermediary only. Provide more information in the Attached Blank Form where necessary.)

	Policy (1)	Policy (2)	Policy (3)
Policy Number			
Class/Type of Insurance Policy			
Policy Date (yyyy/mm/dd)			
Sum Insured (Currency & Amount)			
Insured's Name			
Policy Owner's Name (if different from Insured)			
Beneficiary's Name (if any)			

A15. Related Pension Plans

(To be filled in by Pension Fund Manager only. Provide more information in the Attached Blank Form where necessary.)

	Pension Plan (1)	Pension Plan (2)	Pension Plan (3)
Pension Plan Number			
Type of Pension Plan			
Plan Effective Date (yyyy/mm/dd)			
Contribution (Currency & Amount)			
Plan Member's Name			
Beneficiary's Name (if any)			

*when Related Accounts are from Remitting/Receiving Banks, please provide the respective Location and Name.

(Supplementary Form B)

B10. Address of Entity being reported

Address: [Grid]

(In Chinese): _____

B11. Contact Phone Number: (____) _____ **Fax Number:** (____) _____

Mobile Phone Number: (____) _____ **E-mail Address:** _____
(Legal Representative)

B12. Type of Relationship with the reporting entity: (Please fill in the appropriate number in the box)
(1) New Client (2) Existing Client (3) Supplier (4) Insurance Broker / Pension Fund Manager
(5) Ex-Client (9) Others: _____

B13. Is relationship still maintained with the designated entity (Please fill in the appropriate number in the box)
(2) Yes
(4) No (Please specify reason: _____)

B14. Date of termination of relationship [Grid] / [Grid] / [Grid]
(where applicable): (yyyy / mm / dd)

Other information to be filled in only by entities supervised by AMCM (Section B15-B17)

B15. Related Accounts

(To be filled in by Financial Institution only. Provide more information in the Attached Blank Form where necessary.)

	Account (1)	Account (2)
Country/Region & Name of Bank*		
Account Number		
Account Type		
Account Opening Date (yyyy/mm/dd)		
Account Balance (Currency & Amount as of Reporting Date)		
Account Holder's Name		
	Account (3)	Account (4)
Country/Region & Name of Bank*		
Account Number		
Account Type		
Account Opening Date (yyyy/mm/dd)		
Account Balance (Currency & Amount as of Reporting Date)		
Account Holder's Name		

B16. Related Insurance Policies

(To be filled in by Insurance Company / Insurance Intermediary only. Provide more information in the Attached Blank Form where necessary.)

	Policy (1)	Policy (2)	Policy (3)
Policy Number			
Class/Type of Insurance Policy			
Policy Date (yyyy/mm/dd)			
Sum Insured (Currency & Amount)			
Insured's Name			
Policy Owner's Name (if different from Insured)			
Beneficiary's Name (if any)			

B17. Related Pension Plans

(To be filled in by Pension Fund Manager only. Provide more information in the Attached Blank Form where necessary.)

	Pension Plan (1)	Pension Plan (2)	Pension Plan (3)
Pension Plan Number			
Type of Pension Plan			
Plan Effective Date (yyyy/mm/dd)			
Contribution (Currency & Amount)			
Plan Member's Name			
Beneficiary's Name (if any)			

*when Related Accounts are from Remitting/Receiving Banks, please provide the respective Location and Name.