



HM Government of Gibraltar

Financial Sanctions Reporting Form

- This form should be used to report compliance related information to the competent authority to include, where applicable, information regarding suspected designated persons (Part B); assets you have frozen (Part C); and suspected breaches of financial sanctions (Part D).
- If you suspect money laundering, terrorist financing, proliferation financing or other Criminal conduct you must also submit a Suspicious Activity Report in accordance with your obligations under the Proceeds of Crime Act.
- Please ensure that when completing this form, you believe that the facts and information provided in this form and why they apply are accurate and true to the best of your knowledge.
- Please note that the information you provide may be shared for the purpose of facilitating or ensuring compliance with financial sanctions regulations.
- The 'Guidance Notes' section below, at the end of the form, provides key terms and information to assist you in completing your report.
- Additional guidance on financial sanctions can be found under the following link: **[Financial Sanctions Guidance Notes](#)**.
- The completed form should be submitted to the following email: **sanctions-reporting@gibraltar.gov.gi**.
- Enquiries relating to financial sanctions should be submitted to the Competent Authority at: **sanctions@gibraltar.gov.gi**
- For more information on Sanctions refer to the Sanctions Act 2019 and **[GFIU's Guidance on Targeted Financial Sanctions](#)**.

Note: If you are unsure of your compliance or reporting obligations under financial sanctions, you should seek independent legal advice.



HM Government of Gibraltar

Financial Sanctions Reporting Form

PART A: GENERAL INFORMATION

Please complete this part of the form and indicate what you are reporting on in box 4.

1. Person submitting this report

a. Name (including title)	
b. Job title	
c. Company / organisation	
d. Address	
e. Contact number(s)	
f. Email address	

2. Date submitted

DD/MM/YYYY

3. Are you submitting this form on behalf of a third party? Tick or place an 'X' where applicable. (e.g. you are a law firm, agent or guardian representing someone)

Yes

No

If yes, please provide the third party's contact details, including their Group ID/PRN/FSD ID if they are a designated person.

4. What are you reporting? Tick or place an 'X' where applicable.

Suspected designated person *[please complete Part B of this form]*

Frozen assets *[please complete Part C of this form]*

Suspected breach / Breach *[please complete Part D of this form]*



HM Government of Gibraltar

Financial Sanctions Reporting Form

PART B: REPORTING A SUSPECTED DESIGNATED PERSON

This part should be used to report your knowledge or suspicion that an individual, business or organisation is a designated person and therefore subject to financial sanctions. Please complete a separate form for each designated person on whom you are reporting.

Your report should include information by which a designated person can be identified. For example, aliases or alternative identities that could be used to evade sanctions.

If you are also reporting that you have frozen the assets of a designated person, please complete Part C of this form.

If you are also reporting a suspected breach of financial sanctions, please complete Part D of this form.

5. Suspected designated person (including persons owned or controlled by them)

a. Group ID/PRN/FSD ID from the consolidated lists	
b. Name of the designated person as given on the consolidated list	
c. Name of the person/entity if owned/controlled by a designated person	

6. Information on which your knowledge or suspicion is based

a. What has caused you to know or suspect that the person you are reporting on is a designated person (or is owned/controlled by one)?	
b. Please provide any information not already on the consolidated list by which the designated person can be identified	



HM Government of Gibraltar

Financial Sanctions Reporting Form

PART C: INFORMATION ON FROZEN ASSETS

This part should be used to report that you have frozen the assets of a designated person. Please complete a separate form for each designated person whose assets you have frozen.

If you know or suspect that a person is a designated person, please complete Part B of this form. If you are also reporting a breach of financial sanctions, please complete Part D of this form.

7. Designated person (DP)

a. Group ID from the consolidated list	
b. Name of the designated person as given on the consolidated list	
c. Name of the person/entity if owned/controlled by a designated person	

8. Please provide information on all funds and economic resources you have frozen (For definitions and guidance on what to include please see Annexes 2 and 3.)

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HM Government of Gibraltar

Financial Sanctions Reporting Form

PART D: INFORMATION ABOUT A SUSPECTED BREACH

This part should be used to report any suspected or known breach of financial sanctions. Please complete one form for each overarching activity. Multiple transactions/transfers relating to an overarching activity may be listed in one form.

Your report should include all known details in relation to the suspected breach activity. Additional supporting material should be attached to your submission and noted in section 22. Where information is not known or not applicable, please state.

9. Who do you suspect has committed, or has attempted to commit, the suspected breach? Please provide details

10. Summary of facts:

Including the date(s) the suspected breach (or breaches) was discovered, how it was discovered, and the series of actions that led to a suspected breach taking place (where known).



HM Government of Gibraltar

Financial Sanctions Reporting Form

**11. Does this information relate to a suspected completed, or suspected attempted, breach?
Tick or place an 'X' where applicable.**

Completed	
Attempted (including blocked or rejected activity)	

**12. Financial sanctions regime(s) under which the suspected breach has occurred.
(i.e. United Nations Security Council Sanctions / UK Sanctions Regime / EU Restrictive Measures)**

Financial sanctions
regime(s)

DETAILS OF SUSPECTED BREACH

See guidance note on completing this form for a description of what can constitute funds, economic resources, financial services and trust services.

1. What does the suspected breach involve: Tick or place an 'X' where applicable.

Funds	
Describe, in full, the type(s) of funds involved.	
Economic resource(s)	
Describe, in full, the economic resource(s) involved.	
Financial Services	
Describe, in full, what the financial services are, including how and when they were provided.	



HM Government of Gibraltar

Financial Sanctions Reporting Form

Licence conditions	
Give the licence condition(s) and describe, in full, how you suspect it has been breached. Please include the licence no.	
Give the reporting obligation and describe, in full, how you suspect it has been breached. Please include the licence no. where relevant.	
Trust services	
Describe, in full, what the trust services involve, including how and when they were provided (also see section 19 below).	
2. Total value of the suspected breach (actual or estimated)	
Please provide this information in the currency that was used at the time of the transfer (or provide an estimated value in GBP if unknown).	



HM Government of Gibraltar

Financial Sanctions Reporting Form

3. Method(s) of payment and/or transfer

e.g. bank transfer, cash, cheque, money order, internet/electronic, or physical asset transfer – road, rail, air, sea, etc..

4. Remitter/sender information

Please provide full information on the remitter/sender of the funds and/or economic resources, including: dates, goods involved, amount(s), currencies, account names, account numbers and sort codes, bank details, and nationalities of payers, dates of birth, where known.

If more space is required, please complete Additional Information (A1), **or attach supporting documents with your submission.**

5. Intermediary information

Please provide any information you have on intermediaries involved in the activity, including: role in transfer, name(s), date of birth, company registration information, country of operation/nationality, address/location, account name, account number and sort code and bank details, where known.

If more space is required, please complete Additional Information (A2) below, **or attach supporting documents with your submission.**



HM Government of Gibraltar

Financial Sanctions Reporting Form

6. Ultimate beneficiary information

Please provide information on the ultimate beneficiaries of the funds and/or economic resources, including: name, account name, account number and sort code, bank details, residential/company address, date of birth and nationality, where known.

If more space is required, please complete Additional Information (A3) or **attach supporting document(s) with your submission.**

7. Trust services details

Please provide information on the trust location including registered office/business address/ correspondence address/ administrative address, and which type of location applies.

Address of the trust service provider.

Type of trust

Purpose of the trust

Type and value of asset held in the trust

Date the trust was set up and pre-determined end dates

Please provide information relevant to the breach being reported on detailing:

Beneficiaries

Trustees



HM Government of Gibraltar

Financial Sanctions Reporting Form

participants to the trust including names; addresses; bank account details; and indicate the date when the participant became a party to the trust).	Settlors	
	Protectors	
	Any other relevant persons (include name(s), address(es) and an overview of how they are connected)	

If more space is required, please **attach supporting documents** (for example a copy of the trust deed) with your submission.

8. Please list all external parties who have been made aware that this information is being passed to Competent Authority, including any designated persons

9. Has this matter been reported to any other authority?
If so, please provide their contact details.

10. Other relevant information

Please provide any other information you think will help us understand what has happened



HM Government of Gibraltar

Financial Sanctions Reporting Form

11. Are you providing any supporting documents?

Please include any documents that support the information provided, such as bank statements, transaction reports, copies of licences, paperwork, contracts, etc. including those from other jurisdictions. Tick or place an 'X' where applicable.

Yes

No

Please list the supporting documents you are providing.



HM Government of Gibraltar

Financial Sanctions Reporting Form

ADDITIONAL INFORMATION

Additional remittances (for Section 16 Remitting information)

A1. Additional remittance information

Additional intermediaries involved (for Section 17 Intermediary information)

A2. Additional intermediaries

Additional beneficiaries involved (for Section 18 Ultimate beneficiary(ies) information)

A3. Additional beneficiaries