



THE
JAMAICA GAZETTE
SUPPLEMENT

PROCLAMATIONS, RULES AND REGULATIONS

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No. 51

No. 51

THE PROCEEDS OF CRIME ACT

THE PROCEEDS OF CRIME (AUTHORIZED DISCLOSURE FORM)
REGULATIONS, 2018

In exercise of the power conferred upon the Minister by section 102(1)(a) of the Proceeds of Crime Act, the following regulation is hereby made:—

1. This Rule may be cited as the Proceeds of Crime (Authorized Disclosure Form) Regulations, 2018.
2. The prescribed manner for disclosure as required by section 100(4) of the Act shall be in the form set out as Form III in the Schedule.

SCHEDULE

(Paragraph 2)

Form III [Report Under Section 100(4)]

Report Number <div style="border: 1px solid black; width: 100px; height: 15px;"></div>		Proceeds of Crime Act (POCA) Authorised Disclosure	
PART 1		Request for Consent	
1. Name of Reporting Person/Entity		2. Address	
3. Telephone			
5. Branch Address (if applicable)		4. TRN.	
		6. Type of Business/Trade/Profession	
PART 2		Person(s) involved in the Transaction(s)	
Section 2A		CUSTOMER (Person(s) on whose behalf transaction is conducted)	
		7. Multiple Persons <input type="checkbox"/> See Part 7	
8. Individual's last name or organization's name		9. First Name	10. Middle Name
11. Permanent Address		12. Telephone	
		13. Date of Birth/Registration (DD/MM/YYYY)	
		14a. TRN	14b. Registration No.
15. Method used to verify identity: <input type="checkbox"/> Examined identification credential/document <input type="checkbox"/> Known Customer – Information on file			
16. Describe identification credential: a. <input type="checkbox"/> Driver's Licence b. <input type="checkbox"/> Passport c. <input type="checkbox"/> National I.D. d. <input type="checkbox"/> Other (specify)			
e. issued by:		f. Number:	
17a. Customer's Account Type (If applicable)		17b. Customer's Account No.	
18. Occupation/Business/Principal Activity:			
Section 2B		AGENT (Person(s) conducting transaction on behalf of customer)	
		19. Multiple Persons <input type="checkbox"/> See Part 7	
20. Individual's last name or organization's name		21. First Name	22. Middle Name
23. Permanent Address		24. Telephone	
		25. Date of Birth/Registration (DD/MM/YYYY)	
		26. TRN	26b. Registration No.
27. Method used to verify identity: <input type="checkbox"/> Examined identification credential/document <input type="checkbox"/> Known Customer – Information on file			
28. Describe identification credential: a. <input type="checkbox"/> Driver's Licence b. <input type="checkbox"/> Passport c. <input type="checkbox"/> National I.D. d. <input type="checkbox"/> Other (specify)			
e. issued by:		f. Number:	
29. Occupation/Business/Principal Activity:			

SCHEDULE, *contd.*Report Number:

Section 2C	BENEFICIARY (Person(s) benefiting from transaction)	30. Multiple persons <input type="checkbox"/> See Part 7	
31. Individual's last name or organization's name		32. First Name	33. Middle Name
34. Permanent Address		35. Telephone	
		36. Date of Birth/Registration (DD/MM/YYYY)	
		37a. TRN	37b. Registration No.
38. Method used to verify identity: <input type="checkbox"/> Examined identification credential/document <input type="checkbox"/> Known Customer – Information on file			
39. Describe identification credential: a. <input type="checkbox"/> Driver's Licence b. <input type="checkbox"/> Passport c. <input type="checkbox"/> National I.D. d. <input type="checkbox"/> Other (specify) e. issued by: f. Number:			
40a. Beneficiary's Account Type (if applicable)		40b. Beneficiary's Account No.	
41. Occupation/Business/Principal Activity:			
PART 3 Preparer Information			
42. Last Name		43. First Name	44. M.I.
45. Position		46. Telephone No.	
47. Signature		48. Date of Signature (DD/MM/YYYY)	
PART 4 Contact for Assistance / Nominated Officer (If different than preparer info. in Part 3)			
49. Last Name		50. First Name	51. M.I.
52. Position		53. Telephone No.	
54. Signature		55. Date of Signature (DD/MM/YYYY)	

SCHEDULE, *contd.*Report Number:

PART 5		Transaction(s) for which consent is being requested		1. Multiple Transaction <input type="checkbox"/>	
2. Transaction Details					
3. Transaction Currency		4. Transaction Amount			
5. Accounts Affected (if any)		6. JA\$ Equivalent		7. JA\$ Exchange Rate	
Type	Number				
8. Source of funds					
9. Transaction Details					
10. Transaction Currency		11. Transaction Amount			
12. Accounts Affected (if any)		13. JA\$ Equivalent		14. JA\$ Exchange Rate	
Type	Number				
15. Source of funds					
16. Transaction Details					
17. Transaction Currency		18. Transaction Amount			
19. Accounts Affected (if any)		20. JA\$ Equivalent		21. JA\$ Exchange Rate	
Type	Number				
22. Source of funds					
23. Transaction Details					
24. Transaction Currency		25. Transaction Amount			
26. Accounts Affected (if any)		27. JA\$ Equivalent		28. JA\$ Exchange Rate	
Type	Number				
29. Source of funds					

SCHEDULE, *contd.*Report Number:

PART 6 Completed Transaction(s) Details		1. Multiple Transaction <input type="checkbox"/>	
2. Transaction Type		3. Transaction Date (DD/MM/YYYY)	
4. Transaction Currency	5. Transaction Amount		
6. Accounts Affected (if any)		7. JA\$ Equivalent	8. JA\$ Exchange Rate
Type	Number		
		9. Source of funds	
10. Transaction Type		11. Transaction Date (DD/MM/YYYY)	
12. Transaction Currency	13. Transaction Amount		
14. Accounts Affected (if any)		15. JA\$ Equivalent	16. JA\$ Exchange Rate
Type	Number		
		17. Source of funds	
18. Transaction Type		19. Transaction Date (DD/MM/YYYY)	
20. Transaction Currency	21. Transaction Amount		
22. Accounts Affected (if any)		23. JA\$ Equivalent	24. JA\$ Exchange Rate
Type	Number		
		25. Source of funds	
26. Transaction Type		27. Transaction Date (DD/MM/YYYY)	
28. Transaction Currency	29. Transaction Amount		
30. Accounts Affected (if any)		31. JA\$ Equivalent	32. JA\$ Exchange Rate
Type	Number		
		33. Source of funds	

Dated this 1st day of June, 2018.

DR. HORACE CHANG
Minister of National Security.

