STRICTLY CONFIDENTIAL

attli

W

ille



MLRO Control Report Sheet

		Reference No: (MLRO to insert reference)						
To be completed by MLRO								
1) Have any other reports been made in respect of this client? YES / NO								
If yes, Please insert dates / references below								
Date: /	/	Reference:						
Date: /	/	Reference:						
Date: /	/	Reference:						
2) Summary of any discussion with Reporter:								
Date of discussion:								
Declaration (re: "Tipping off") signed by all relevant individuals: YES / NO								
Matters discussed								

3) Advice if any taken from others:

YES / NO	Date:
YES / NO	Date:

4) Reporting Decision & reasons:

5) Date of report to SOCA (if appropriate):

Ref:

6) Request for consent (if appropriate):

Date request sent:	
Date consent granted or deemed granted:	
Date moratorium period started:	
Date consent granted or deemed granted:	

Prepared by:

Went Windes

Name:	Date:	
Signature:		

