Report of suspected infringement concerning AML regulation

This form can be used to report suspicions of infringements of anti-money laundering regulation to the FIN-FSA.

The form is not intended for processing disputes between financial service and product providers supervised by the FIN-FSA and their customers. These fall within the scope of other procedures (such as alternative dispute resolution bodies). Such matters will be forwarded directly to the relevant supervision department within the FIN-FSA.

When submitting a report, it is recommendable to include the reporter's name and contact information in the report, enabling the FIN-FSA to ask for clarifications or further information on the matter. However, a report can also be filed anonymously.

The report will be processed confidentially at the FIN-FSA. The FIN-FSA may nevertheless have to disclose information at a later stage, for example, in connection with a potential police investigation request.

The FIN-FSA will retain relevant information concerning the abovementioned reports for a period of five years. The information will be removed after five years have elapsed from the submission of the report unless retaining the information further is necessary because of a criminal investigation, pending court proceedings, an official investigation, or in order to protect the rights of the whistleblower and the subject of the report. The need for continued retention of the information shall be reviewed no later than three years after the previous occasion on which it was reviewed. A record shall be kept of such review.

A registered data subject who is the subject of a report shall not have the right to access the information concerning the suspected infringement if such access might frustrate efforts to investigate criminal offences or misconduct. The data protection ombudsman may ascertain the legality of the information concerning a registered data subject at the request of said person.

A personal data register referred to in the Personal Data Act (523/1999) is maintained on reports received.

Name and contact information of the reporter

Name:

Complete

Address:

Complete

Telephone:

Complete

E-mail address:

Complete

If you notify your name and contact information, we request you to sign the form (page 2).

The FIN-FSA will confirm receipt of your letter to you without delay in writing. However, no written confirmation will be sent if you specifically request so or the FIN-FSA has legitimate grounds to suspect that a written confirmation would compromise the protection of your identity.

☐ I do not want the FIN-FSA to send me a confirmation of receipt of my letter.

Subject

Party implicated in the report:

Complete

Time:

Complete

How the matter was discovered/where the information was received (continue in an attachment if necessary):

Complete

Date Signature and name in block letters

Appendices Write here

Distribution

For information Write here