



FORM FOR TRANSFERS OF FUNDS SUBJECT TO RESTRICTIVE MEASURES

- ▶ Please complete and return dated and signed to the **Ministry of Finance**, 3, rue de la Congrégation L-1352 Luxembourg, attn. **Direction Affaires Multilatérales, Développement et Compliance** or by e-mail to **sanctions@fi.etat.lu**
- ▶ Incomplete forms can lead to delays or rejection of the underlying request. The completion of the form does not exclude requests for additional information and/or documents from the Luxembourg authorities.
- ▶ Sections that are not applicable to the entity or individual submitting these forms, must be marked with Not Applicable. In such cases, a “Not Applicable” reply does not lead to the rejection of the request or the notification.¹

1. TYPE OF TRANSFER – Please choose one of the following options:

1.1. Notification of transfer of funds:

1.2. Request for authorization
of transfer of funds:

2. EXISTING OR NEW TRANSFER – Please confirm if this is a new transfer or if this refers to a transfer for which an authorization request or a notification has already been submitted. In the latter case, please indicate the date and the reference of the earlier notification or authorization request.

3. LEGAL BASIS OF THE AUTHORIZATION REQUEST / THE NOTIFICATION – Please indicate the legal reference² that applies to your request:

4. ENTITY OR INDIVIDUAL SUBMITTING THE FORM:

4.1. Category of professional submitting the form
(e.g. bank, PSF, etc.):

4.2. Full name:

4.3. Address:

4.4. Name of contact person
(‘CP’):

4.5. Phone number of CP:

4.6. Fax number of CP:

4.7. E-mail of CP:

¹ For example, if the form is submitted by the payer, it can be that not all information on the payee is available and vice versa. In case of doubts, please contact the Ministry of Finance at the e-mail address mentioned above.

² E.g. reference number and date of applicable EU Regulation, EU Council Decision etc.



5. SANCTIONED COUNTRY INVOLVED:

6. AMOUNT OF WIRE TRANSFER – Please indicate the original currency and if not EUR, please indicate the equivalent amount in EUR:

7. AMOUNT OF NON-WIRE TRANSFER – If applicable (for example, cheque, cash, etc.). In that case, please indicate the original currency and if not EUR, please indicate the equivalent amount in EUR:

8. PAYER – If the payer is a company, please also indicate the ultimate beneficial owner:³

7.1. Full name:	<input type="text"/>
7.2. Address:	<input type="text"/>
7.3. Date of birth/ incorporation:	<input type="text"/>
7.4. Passport number ⁴ /Number of Companies Register:	<input type="text"/>
7.5. Bank account of payer ⁵ :	<input type="text"/>
7.6. Code BIC/Swift:	<input type="text"/>
7.7. Payment service provider of payer:	<input type="text"/>
7.8. Confirmation that the payer is acting in its own name and on its behalf ⁶ :	<input type="text"/>
7.9. Communication on the transfer of funds:	<input type="text"/>

³ If the information is available. For example, if the form is submitted by the payer, it can be that not all information on the payee is available and vice versa. In case of doubts, please contact the Ministry of Finance at the e-mail address mentioned above.

⁴ Please attach a good quality passport copy or a copy of an excerpt from the Companies Register or similar document. The passport should be still valid and the excerpt not older than 1 month as of the date of the request.

⁵ Please include IBAN number.

⁶ If the payer is acting on behalf of another person/entity, please specify the details of that person/entity and provide copy of a valid passport or a copy of an excerpt from the Companies Register not older than 1 month as of the date of the request.



9. PAYEE – If the payee is a company, please also indicate the ultimate beneficial owner:⁷

8.1. Full name:	<input type="text"/>
8.2. Address:	<input type="text"/>
8.3. Date of birth/ incorporation:	<input type="text"/>
8.4. Passport number ⁸ /Number of Companies Register:	<input type="text"/>
8.5. Bank account of payee ⁹ :	<input type="text"/>
8.6. Code BIC/Swift:	<input type="text"/>
8.7. Payment service provider of payee:	<input type="text"/>
8.8. Confirmation that the payee is acting in its own name and on its behalf ¹⁰ :	<input type="text"/>
8.9. Communication on the transfer of funds:	<input type="text"/>

10. REASON OF TRANSFER – Please briefly describe the underlying economic reason for the transfer:

11. EXPORT LICENCE – Please choose one of the following options:

10.1. Obtained – please provide a copy.

10.2. Not yet obtained – please provide short explanation as to status.

10.2. Not applicable.

12. THIRD PARTIES INVOLVED (e.g. intermediary financial institutions etc.) – If applicable.

⁷ If the information is available. For example, if the form is submitted by the payer, it can be that not all information on the payee is available and vice versa. In case of doubts, please contact the Ministry of Finance at the e-mail address mentioned above.
⁸ See footnote 4.
⁹ See footnote 5.
¹⁰ See footnote 6 *mutatis mutandis*.



13. ADDITIONAL INFORMATION ON THE REQUEST – *Please include any additional information useful or necessary to support your request.*

14. AUTHORIZATIONS RECEIVED FROM FOREIGN AUTHORITIES – *Please detail name of the authority, date and reference of the authorization.*

15. INFORMATION OF OTHER LUXEMBOURG AUTHORITIES – *Please indicate if you have informed any other Luxembourg authority (e.g. your supervisory authority, the Ministry of Foreign Affairs etc.).*

16. LIST OF ANNEXES – *Please detail, if applicable, the annexes that are submitted with the request.*

I hereby confirm that:

- (A) The information provided in this form and all attached documents are complete, true and correct.
- (B) The copies of the documents attached to the present request are all true copies of the original documents.
- (C) The transfer of funds referenced herein does not permit any activity in or outside Luxembourg which is prohibited by the law of any of the territories where that activity is to be carried out.
- (D) The transfer of funds referenced in this form shall not affect any prohibition or restriction under any legislation other than the legislation under which this authorization has been granted.
- (E) I acknowledge and accept that the Ministry of Finance may contact other ministries or public administration departments for the purposes of verifying and/or completing the information mentioned in this form.

Place , Date

Name, Title, Signature
(if applicable: company stamp)