

# **CROSS-BORDER DISSEMINATION**

Fields marked with \* are mandatory, and must always be completed, while fields marked with \*\* are conditional mandatory and must be completed only when relevant or when the related information is available to the disclosing FIU. Fields marked with \*\*\* shall be replicated as necessary on a case-by-case basis.

<b>SECTION 1 – XBD DETAILS</b>		
	<b>Fields/Types of information</b>	<b>Description</b>
*	Owner:	Name of the sending FIU
*	XBD name: _____ XBD Refence: _____ Original report reference: _____	
**	Urgency: Reasons for urgency: _____	
*	Report Type:	Type of the original report (STR/SAR)
*	Reporting Entity Type: _____	
*	Report indicators selected by the reporting entity: _____ Report Key words: _____	
*	Report indicators selected by sending FIU: _____	

	Possible predicate offence: _____	
*	Cross-border dimension – number of Member State receiving the XBD:	It shall be indicated the number of Member States that received the XBD
**	Concerned Member States receiving the XBD:	Enumeration with list of countries – more than one possible option if the previous field has a value >1. It shall be indicated the Member State(s) to which the XBD is forwarded.
**	Concerned third Countries:	Enumeration
*	Also sent as an XBR:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Enumeration
**	Country receiving XBR/Home Member State:	Mandatory if the answer to the previous field is 'Yes'.

**Section 3 – SUBJECT**

In this Sections at least one of the fields among 3.1 or 3.2 shall be filled in. These fields are marked as mandatory because at least one of them is required; however, completing only one of the two is sufficient.

	Fields/Types of information	Description
*	<b>3.1. NATURAL PERSONS (***)</b>	
	<b>IDENTIFICATION</b>	
**	First Name (s)	Free text field (in cases where the distinction between first, middle and last name is unknown, include here the full name)
	Middle Name(s)	Free text field

**	Last Name(s)	<p style="text-align: center;">Free text field</p> <p>In principle, full information on both first name and family name should be included mandatorily and separately.</p> <p>In exceptional cases where the identity data on name and family names are not complete or cannot be confirmed, the relevant fields should nonetheless be filled in with available information, while appropriate caveats and details should be provided in the "Comments" field.</p>
**	<p>Gender</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Other</p>	<p style="text-align: center;">Enumeration</p>
	Aliases	
**	Date of birth	<p style="text-align: center;">Format <i>DD-MM-YYYY</i></p>

**	Citizenship(s)	Enumeration
**	Place of birth (Country)	Enumeration
**	Place of birth (City)	Free text field
**	Occupation	Free text field
	<b>IDENTIFICATION DOCUMENTS</b>	
**	Type <input type="checkbox"/> ID card <input type="checkbox"/> Passport <input type="checkbox"/> Residence Permit <input type="checkbox"/> Work Permit <input type="checkbox"/> Other: free text	Enumeration
**	Number	Free text field
**	Issuing Country	Enumeration
**	Issuing Authority	Free text field
**	Issue date	Format <i>DD-MM-YYYY</i>
**	Expiry date	Format <i>DD-MM-YYYY</i>
	<b>RESIDENCE</b>	
**	Country	Enumeration
**	City	Free text field
**	State/province	Free text field
**	Street	Free text field

**	Number	Free text field
**	Postcode	Free text field
**	<p>Communications/Further notes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Telephone (with country code)</li> <li><input type="checkbox"/> E-mail</li> <li><input type="checkbox"/> Webpage (url)</li> <li><input type="checkbox"/> Social media</li> <li><input type="checkbox"/> IP address</li> <li><input type="checkbox"/> IMEI</li> <li><input type="checkbox"/> Other: free text</li> </ul>	Enumeration
**	<p>Hit against lists of politically exposed persons (PEPs)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	Enumeration
*	<b>SELECTION CRITERIA</b>	
*	Member State linked to the subject:	Enumeration with the list of Member States indicated in Section 1 ( <i>'Concerned Member States receiving the XBD'</i> )
*	<p>Link with the Member State:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary subject <ul style="list-style-type: none"> <li><input type="checkbox"/> country where the natural person is known to be subject in criminal investigation;</li> <li><input type="checkbox"/> country of residence;</li> <li><input type="checkbox"/> nationality;</li> <li><input type="checkbox"/> country of birth;</li> <li><input type="checkbox"/> country where the ID document was issued.</li> </ul> </li> <li><input type="checkbox"/> Asset related to the primary subject held in the Member</li> </ul>	The selection criteria on the basis of which the XBD is sent to another Member State shall be indicated by ticking the corresponding field. When <i>'Primary subject'</i> is selected, at least one of its sub-categories must also be ticked.

	State receiving the XBD <input type="checkbox"/> Match hit	
<b>**</b>	<b>NEGATIVE INFORMATION</b>	
<b>**</b>	Negative Info Type:  <input type="checkbox"/> Criminal investigation <ul style="list-style-type: none"> <li>○ Request type (enumeration):             <ul style="list-style-type: none"> <li><input type="checkbox"/> Law Enforcement Request</li> <li><input type="checkbox"/> Freezing order</li> <li><input type="checkbox"/> Other: specify</li> </ul> </li> <li>○ Request reference: (free text)</li> <li>○ Criminal investigation country: (enumeration)</li> <li>○ Criminal investigation Service: (free text)</li> <li>○ Contact info: (free text)</li> <li>○ Comments: (free text)</li> </ul> <input type="checkbox"/> Hit on sanction list <ul style="list-style-type: none"> <li>○ Sanction type: free text</li> <li>○ Date: free text (DD-MM-YYYY)</li> <li>○ Source: (free text)</li> <li>○ Country (enumeration)</li> <li>○ Comment (free text)</li> </ul> <input type="checkbox"/> Hit on a crime list <input type="checkbox"/> Adverse media <ul style="list-style-type: none"> <li>○ Adverse media type (free text)</li> <li>○ Date: free text (DD-MM-YYYY)</li> <li>○ Source: (free text)</li> <li>○ Country (enumeration)</li> <li>○ Comment (free text)</li> </ul>	<p>More than one option can be selected.</p> <p>For each option selected (Criminal investigation, Hit on sanctions list, Hit on crime list, or Adverse media), the corresponding information must be provided.</p>

	Other comment: _____	
	URL: _____ Link with attachment: _____	
*	<b>3.2. LEGAL PERSONS (***)</b>	
	<b>IDENTIFICATION</b>	
**	Entity name	Free text field
**	Entity status	Free text field
**	Country of registration	Choose from drop down menu

**	Registration date	Format <i>DD-MM-YYYY</i>
**	Date of closure	Format <i>DD-MM-YYYY</i>
**	Registration number	Free text field
**	Legal type (form)	Free text field
**	Contact information:  <input type="checkbox"/> Telephone (with country code) <input type="checkbox"/> E-mail <input type="checkbox"/> Webpage (url) <input type="checkbox"/> Social media <input type="checkbox"/> IP address <input type="checkbox"/> IMEI <input type="checkbox"/> Other: free text	Free text field
**	Tax Identification Number (TIN)	Free text field
**	Legal Entity Identifier (LEI)	Free text field
**	Business Type	Free text field
**	Additional details: _____	Free text field
	<b>ADDRESS</b>	
**	Country	Enumeration
**	City	Free text field
**	State/province	Free text field
**	Street	Free text field
**	Number	Free text field

**	Postcode	Free text field
*	<b>SELECTION CRITERIA</b>	
*	Member State linked to the subject:	Enumeration with the list of Member States indicated in Section 1 ( <i>'Concerned Member States receiving the XBD'</i> )
*	<p>Link with the Member State:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary subject <ul style="list-style-type: none"> <li><input type="checkbox"/> country where the legal person is known to be subject in criminal or administrative investigation;</li> <li><input type="checkbox"/> country of operation;</li> <li><input type="checkbox"/> country of registration;</li> <li><input type="checkbox"/> country of establishment.</li> </ul> </li> <li><input type="checkbox"/> Asset related to the primary subject held in the Member State receiving the XBD</li> <li><input type="checkbox"/> Match hit</li> </ul>	The selection criteria on the basis of which the XBD is sent to another Member State shall be indicated by ticking the corresponding field. When 'Primary subject' is selected, at least one of its sub-categories must also be ticked.
**	<b>NEGATIVE INFORMATION</b>	
**	<p>Negative Info Type:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Criminal investigation <ul style="list-style-type: none"> <li>○ Request type (enumeration): <ul style="list-style-type: none"> <li><input type="checkbox"/> Law Enforcement Request</li> <li><input type="checkbox"/> Freezing order</li> <li><input type="checkbox"/> Other: specify</li> </ul> </li> <li>○ Request reference: (free text)</li> </ul> </li> </ul>	<p>More than one option can be selected.</p> <p>For each option selected (Criminal investigation, Hit on sanctions list, Hit on crime list, or Adverse media), the corresponding information must be provided.</p>

	<ul style="list-style-type: none"> <li>○ Criminal investigation country: (enumeration)</li> <li>○ Criminal investigation Service: (free text)</li> <li>○ Contact info: (free text)</li> <li>○ Comments: (free text)</li> <li><input type="checkbox"/> Hit on sanction list <ul style="list-style-type: none"> <li>○ Sanction type: free text</li> <li>○ Date: free text (DD-MM-YYYY)</li> <li>○ Source: (free text)</li> <li>○ Country (enumeration)</li> <li>○ Comment (free text)</li> </ul> </li> <li><input type="checkbox"/> Hit on a crime list</li> <li><input type="checkbox"/> Adverse media <ul style="list-style-type: none"> <li>○ Adverse media type (free text)</li> <li>○ Date: free text (DD-MM-YYYY)</li> <li>○ Source: (free text)</li> <li>○ Country (enumeration)</li> <li>○ Comment (free text)</li> </ul> </li> </ul> <p>Other comment: _____</p>	
	<p>URL: _____</p> <p>Link with attachment: _____</p>	

**SECTION 4 – TRANSACTIONS**

<b>SECTION 4 – TRANSACTIONS</b>		
	<b>Fields/Types of information</b>	<b>Description</b>
**	<b>TRANSACTIONS (*)</b>	

**	Total number of transactions:	Free text field
**	Number of transactions per Member State: <ul style="list-style-type: none"> <li>● Member State 1:</li> <li>● Member State 2:</li> </ul>	Free text – indication of number of transactions related to each Member State that received the XBD
**	Total amount of transactions: _____	
**	Amount of transaction(s) per Member State: <ul style="list-style-type: none"> <li>● Member State 1:</li> <li>● Member State 2:</li> </ul>	Enumeration of the Member States receiving the XBD as listed in Section 1. Free text with the indication of the amount of transaction(s) per Member State.