Date: [Insert Date]

To: [Compliance Officer Name / AML Department]

From: [Employee Name / Department]

Subject: Escalation of High-Risk Transaction - [Customer Name]

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1. Customer Information

- **Customer Name:** [Full Name]
- **Account Number:** [Number]
- **Risk Rating:** [e.g., High / PEP / Non-Resident]

2. Transaction Details

- **Transaction ID:** [ID Number]
- **Amount:** [Currency and Amount]
- **Date of Transaction:** [Date]
- **Counterparty:** [Name and Location]

3. Reason for Escalation

[Describe the red flags identified, such as unusual volume, structuring, lack of economic purpose, or high-risk jurisdiction involvement.]

4. Supporting Documentation

[List attached documents, e.g., Source of Wealth verification, invoices, or previous KYC notes.]

5. Recommendation

[e.g., Requesting Enhanced Due Diligence (EDD), temporary account freeze, or filing of a Suspicious Activity Report (SAR).]

Signature:

_____
[Insert Name/Title]