

Nature of STR

Attempted but not completed * *Do RIs attempt to submit STR but does not have complete info?
If YES, only fill 'Basis of Suspicion'. Other field like customer information , banking field, etc are optional.
If NO, all fields are mandatory*

STR is reported due to *

Please state relevant source *

Basis of Suspicion

Suspected Predicate Offence *

Red flag indicator *

Description of transaction pattern and entities connected to the suspicious activities. Max 20,000 characters. ... *

Details and reasons to support basis of suspicion. Max 20,000 characters. *

Related to Politically Exposed Persons (PEPs) *

Description of relationship with PEPs

Keywords related to the report

Customer Information

Trustee Name *

Other Name/Previous Name

Country of Establishment/Nationality *

Registration Number/NRIC

Other Registration/ID Number

Date of Establishment/Birth * *Please click the drop down below for date selection*

Business/Residential Address *

Postcode e.g. 50480

Correspondence Address *Only fill in if the correspondence address is not same as residential address*

Postcode e.g. 50480

Email Address

Contact No (Office/Mobile) *

Phone No

Customer AML Risk Rating

Nature of Business/Employment Sector * *Please fill in the sector in "others" if not in the list given. e.g. Others: [Forestry]*

Settlor/Protector/Beneficiary

Role *

Title

Name *

Other Name/Alias

Gender *

Nationality/Place of Incorporation *

Identification No (NRIC/BRN) * e.g. 780101141234

Identification No (Passport) *Non-mandatory field if customer is Malaysian. Mandatory if they are foreigner*

Other ID

Date of Birth/Establishment * *Please click the dropdown below for date selection.*

Residential/Business Address *

Address

Town

Postcode e.g. 50480

Correspondence Address *Only fill in if the correspondence address is not same as residential address*

Address

Town

Postcode e.g. 50480

Email Address

Contact No**Phone No****Customer AML Risk Rating****Occupation *** *Please fill in the occupation in "others" if not in the list given. e.g. Others: [Doctor]***Occupation Description****Employer Name****Employment Sector** *Please fill in the sector in "others" if not in the list given. e.g. Others: [Forestry]***Annual Income Range (RM)****Marital Status****Spouse Name****Spouse Nationality****Spouse ID No (NRIC)** *e.g. 780101141234***Spouse ID No (Passport)****Spouse Other ID****Spouse Date of Birth****Relationship with Settlor** *Please fill in the relationship in "others" if not in the list given. e.g. Others: [Parents]*

Banking Account Information

Bank Name

Bank Account No

Bank Account Type

Home Branch

Key Suspicious Transactions Details

Type of Transaction *

Type of Service Rendered *

Type of Instrument *

Transaction Date * *Please click the dropdown below for date selection*

From	-	To
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Transaction Amount (RM) *

Transaction Currency

Transaction Amount (FC) *Only required if transaction was done not using MYR*

Title

Name of Person Conducting Transaction

Other Name/Alias

Gender *Field is only required if RIs filled 'Name of Person Conducting Transaction'*

Nationality *Field is only required if RIs filled 'Name of Person Conducting Transaction'*

Identification No (NRIC) e.g. 780101141234 *Field is only required if RIs filled 'Name of Person Conducting Transaction'*

Identification No (Passport) *Field is only required if RIs filled 'Name of Person Conducting Transaction'*

Other ID

Date of Birth *Field is only required if RIs filled 'Name of Person Conducting Transaction'*

Address *Field is only required if RIs filled 'Name of Person Conducting Transaction'*

Town	Postcode e.g. 50480
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Correspondence Address *Only fill in if the correspondence address is not same as residential address*

Town	Postcode e.g. 50480
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Email Address

Contact No *Field is only required if RIs filled 'Name of Person Conducting Transaction'*

	Phone No
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Occupation *Please fill in the occupation in "others" if not in the list given. e.g. Others: [Doctor]*

Relationship with Customer/Accountholder *Please fill in the relationship in "others" if not in the list given. e.g. Others: [Parents]*

Relationship with Firm

Type of Relationship with Casino *

Membership No *

Membership Type *

Date Joined *

Total Funds In (in review period) *

Total Funds Out (in review period) *

Review Period *

From	-	To
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Please specify name of Junket/LGRCP (if applicable)