

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. *

Actions taken by reporting institution *

Related to Politically Exposed Persons (PEPs) *

Description of relationship with PEPs

Keywords related to the report

Customer Information

Title

Name *

Other Name/Alias

Gender *

Nationality *

Identification No (NRIC) * e.g. 780101141234

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

Other ID *Other ID known besides IC No. or Passport No.*

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

Residential Address *

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

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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 Joint Accountholder (if any)

Account Details

Type of Payment Instrument *

Form of Payment Instrument *

Account No/User ID/Card No *

Date Account Opened *

Account Status *

Account Balance/Outstanding Amount (RM) *

Date Account Closed * *Please click the drop down below for date selection*

Account Closed by *

Reason of Closure *

Key Suspicious Transactions Details

Type of Transaction * *If others, please specify in the box*

Transaction Date * *Please click the drop down below for date selection*

From	-	To
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Transaction Amount (RM) *

Counterparty Name**Counterparty FI****Counterparty Account No****Linked Card/Accountholder Name****Linked Card Issuer/Bank Name****Linked Card/Bank Account No****Person Conducting Transaction?****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'*

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

Email Address

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

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]*

Other Accounts Maintained by Customer**Type of Payment Instrument**

Form of Payment Instrument

Account No/User ID/Card No

Date Account Opened *Please click the drop down below for date selection*

Account Status

Account Balance/Outstanding Amount (RM)