Nature of STR

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

Attempted but not completed *

Please select from this dropdown list

STR is reported due to *

Please select from this dropdown list

Please state relevant source *

Please select from this dropdown list

Basis of Suspicion

Suspected Predicate Offence *

Please select from this dropdown list

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) *

Please select from this dropdown list

Description of relationship with PEPs

Keywords related to the report

Customer Information

Trustee Name *

Other Name/Previous Name

Country of Establishment/Nationality *

Please select country from this dropdown list

Registration Number/NRIC

Other Registration/ID Number

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

Business/Residential Address *

Address

Town

Postcode e.g. 50480

Please select state from this dropdown list

Please select country from this dropdown list

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

Address

Town

Postcode e.g. 50480

Please select state from this dropdown list

Please select country from this dropdown list

Email Address

Contact No (Office/Mobile) *

Please select country calling code from this dropdown l

Phone No

Customer AML Risk Rating

Please select from this dropdown list

Nature of Business/Employment Sector *

Please select from this dropdown list

Settlor/Protector/Beneficiary

Role *

Please select from this dropdown list

Title

Please select from this dropdown list

Name *

Other Name/Alias

Gender *

Please select from this dropdown list

Nationality/Place of Incorporation *

Please select country from this dropdown list

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

Please select state from this dropdown list

Please select country from this dropdown list

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

Address

Town | Postcode e.g. 50480

Please select state from this dropdown list | Please select country from this dropdown list

Email Address

Contact No *

Please select country calling code from this dropdown l | Phone No

Customer AML Risk Rating

Please select from this dropdown list

Occupation* *Please fill in the occupation in "others" if not in the list given. e.g. Others: [Doctor]*

Please select from this dropdown list

Occupation Description

Employer Name

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

Please select from this dropdown list

Annual Income Range (RM)

Please select from this dropdown list

Marital Status

Please select from this dropdown list

Spouse Name

Spouse Nationality

Please select country from this dropdown list

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]*

Please select from this dropdown list

Account Details

Type of Payment Instrument*

Please select from this dropdown list

Form of Payment Instrument *

Please select from this dropdown list

Account No/User ID/Card No*

Date Account Opened *

Account Status*

INACTIVE

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*

Please select from this dropdown list

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

From - *To*

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?

Please select from this dropdown list

Title

Please select from this dropdown list

Name of Person Conducting Transaction

Other Name/Alias

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

Please select from this dropdown list

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

Please select country from this dropdown list

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'*

Address

Town | *Postcode e.g. 50480*

Please select state from this dropdown list | Please select country from this dropdown list

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

Address

Town | *Postcode e.g. 50480*

Please select state from this dropdown list | Please select country from this dropdown list

Email Address

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

Please select country calling code from this dropdown l | *Phone No*

Occupation *Please fill in the occupation in "others" if not in the list given. e.g. Others: [Doctor]*

Please select from this dropdown list

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

Please select from this dropdown list

Other Accounts Maintained by Customer

Type of Payment Instrument

Please select from this dropdown list

Form of Payment Instrument

#PLEASE ADD ME

Account No/User ID/Card No *Please click the drop down below for date selection*

Date Account Opened

Account Status

Please select from this dropdown list

Account Balance/Outstanding Amount (RM)