

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 Informations

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

Account Details

Account No *

Account Type *

Account Status *

Home Branch *

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

Current Balance (RM) *

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

Account Closed by *

Reason of Closure *

Introducer/Guarantor

Title

Name

Other Name/Alias

Gender *Field is only required if R1s filled 'Name of Introducer/Guarantor'*

Nationality/Country of Incorporation *Field is only required if RIs filled 'Name of Introducer/Guarantor'*

Identification No (NRIC) *Field is only required if RIs filled 'Name of Introducer/Guarantor'*

Identification No (Passport) *Field is only required if RIs filled 'Name of Introducer/Guarantor'*

Other ID

Date of Birth/Incorporation *Field is only required if RIs filled 'Name of Introducer/Guarantor'*

Email Address

Contact No *Field is only required if RIs filled 'Name of Introducer/Guarantor'*

Phone No

Key Suspicious Transactions Details

Type of Transaction *

Method of Transaction

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

From	-	To
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Counterparty Name

Counterparty FI

Counterparty Account No

Transaction Amount (RM) *

Transaction Currency**Transaction Amount (FC)** *Only required if transaction was done not using MYR***Purpose of Transaction****IP Address & Location****Transaction Outlet****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

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

Phone No

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 Facilities Maintained by Accountholder****Type of Facility****Account No****Name(s) of Accountholder *****NRIC/BRIC of Accountholder *****Status of Account****Date Opened** *Please click the drop down below for date selection***Date Closed *** *Please click the drop down below for date selection*

Current Balance