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

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

Account No *

Account Type *

Please select from this dropdown list

Account Status *

Please select from this dropdown list

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

Please select from this dropdown list

Name

Other Name/Alias

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

Please select from this dropdown list

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

Please select country from this dropdown list

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'*

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

Key Suspicious Transactions Details

Type of Transaction *

Please select from this dropdown list

Method of Transaction

Please select from this dropdown list

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

From - *To*

Counterparty Name

Counterparty FI

Counterparty Account No

Transaction Amount (RM) *

Transaction Currency

Please select currency from this dropdown list

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

Purpose of Transaction

IP Address & Location

Transaction Outlet

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 Facilities Maintained by Accountholder

Type of Facility

Please select from this dropdown list

Account No

Name(s) of Accountholder *

NRIC/BRIC of Accountholder *

Status of Account

Please select from this dropdown list

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

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

Current Balance