## 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. *

Related to Politically Exposed Persons (PEPs) *

Please select from this dropdown list

Description of relationship with PEPs

Keywords related to the report

## Customer Information

Title

Please select from this dropdown list

Name *

Other Name/Alias

Gender *

Please select from this dropdown list

Nationality *

Please select country from this dropdown list

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 *

*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

## Banking Account Information

Bank Name

Bank Account No

Bank Account Type

Please select from this dropdown list

Home Branch

## Key Suspicious Transactions Details

Winning Ticket Number(s) *

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

| *From* | - | *To* |
|---|---|---|

Winning Amount (RM) *

Payout Method

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 *Please click the dropdown menu below for date selection*

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

## Relationship with Outlet

Date of first winning * *Please select the dropdown menu below for date selection*

Total number of winnings throughout relationship *

Total amount of winnings throughout relationship (RM) *