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

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

Relationship with Joint Accountholder (if any) *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

Policy No *

Claim No

Insurance Type *

Please select from this dropdown list

Class of Business *

Please select from this dropdown list

Type of Plan *

Please select from this dropdown list

Policy Status *

Please select from this dropdown list

Policy Commencement Date * *Please click the drop down below for date selection*

Sum Insured (RM) *

Payment Mode *

Please select from this dropdown list

Premium Amount (RM) *

Payment Method *

Please select from this dropdown list

Intermediary/Beneficiary/Assignee

Role *

Please select from this dropdown list

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

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/Country of Incorporation *

Please select country from this dropdown list

Identification No (NRIC) *

Identification No (Passport) *

Other ID

Date of Birth/Incorporation *

Residential/Business/Correspondence 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

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 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)

Spouse ID No (Passport)

Spouse Other ID

Spouse Date of Birth

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*

Transaction Amount (RM) *

Third Party Payor?

Please select from this dropdown list

Third Party Payor Name *Field is only required if RIs filled 'Third Party Payor'*

Third Party Payor NRIC/BRIC *Field is only required if RIs filled 'Third Party Payor'*

Third Party Payor Bank *Field is only required if RIs filled 'Third Party Payor'*

Third Party Payor Account No *Field is only required if RIs filled 'Third Party Payor'*

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

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 Policies Maintained by Customer

Policy No

Insurance Type

Please select from this dropdown list

Class of Business

Please select from this dropdown list

Type of Plan

Please select from this dropdown list

Policy Status

Please select from this dropdown list

Role

Please select from this dropdown list

Policy Commencement Date

Sum Insured (RM)

Premium Amount (RM)

Please select from this dropdown list