

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 Information

Trustee Name *

Other Name/Previous Name

Country of Establishment/Nationality *

Registration Number/NRIC

Other Registration/ID Number

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

Business/Residential Address *

Postcode e.g. 50480

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

Postcode e.g. 50480

Email Address

Contact No (Office/Mobile) *

Phone No

Customer AML Risk Rating

Nature of Business/Employment Sector *

Settlor/Protector/Beneficiary

Role *

Title

Name *

Other Name/Alias

Gender *

Nationality/Place of Incorporation *

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 *

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

Spouse Date of Birth

Relationship with Settlor

Account Details

Policy No *

Claim No

Insurance Type *

Class of Business *

Type of Plan *

Policy Status *

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

Sum Insured (RM) *

Payment Mode *

Premium Amount (RM) *

Payment Method *

Intermediary/Beneficiary/Assignee

Role *

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

Title

Name *

Other Name/Alias

Gender *

Nationality/Country of Incorporation *

Identification No (NRIC) *

Identification No (Passport) *

Other ID

Date of Birth/Incorporation *

Residential/Business/Correspondence Address *

*Address**Town**Postcode e.g. 50480*

Email Address

Contact No

Phone No

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

Occupation Description

Employer Name

Employment Sector

Annual Income Range (RM)

Marital Status

Spouse Name

Spouse Nationality

Spouse ID No (NRIC)

Spouse ID No (Passport)

Spouse Other ID

Spouse Date of Birth

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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Transaction Amount (RM) *

Third Party Payor?

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?

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) *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'*

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'*

<i>Town</i>	<i>Postcode e.g. 50480</i>
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Correspondence Address *Only fill in if the correspondence address is not same as residential address*

<i>Town</i>	<i>Postcode e.g. 50480</i>
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Email Address

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

	<i>Phone No</i>
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Occupation *Please fill in the occupation in "others" if not in the list given. e.g. Others: [Doctor]*

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

Other Policies Maintained by Customer

Policy No

Insurance Type

Class of Business

Type of Plan

Policy Status

Role

Policy Commencement Date

Sum Insured (RM)

Premium Amount (RM)