

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

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 *

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 *

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

Relationship with Joint Accountholder (if any) *Please fill in the relationship in "others" if not in the list given. e.g. Others: [Parents]*

Account Details

CDS Account No

Account No *

Account Type *

Date Account Opened *

Account Status *

Account/Net Equity Balance (RM) *

Date Account Closed *

Account Closed by *

Reason of Closure *

Dealer Representative (DR)/Futures Broker Representative (FBR)

Name *

Identification No (NRIC/Passport) *

DR Code/FBR Code *

Contact No

Phone No

Key Suspicious Transactions Details

Name of Counter/Product Type *

Counter Code *

Securities Type *

Transaction Date *

From	-	To
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Transaction Amount (RM) *

Transaction Type *

Transaction Method

Accountholder Name (if applicable)

Financial Institution Name (if applicable)

Financial Institution Account No (if applicable)

Authorised Third Party Trader/Designated Representative

Authorised Third Party Trader/Designated Representative? *

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

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

Contact No

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

Other Accounts Maintained by Customer

CDS Account No (if applicable)

Account No

Account Type

Account Status