

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 *

Postcode e.g. 50480

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

Spouse Date of Birth

Relationship with Settlor *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****Email Address****Contact No****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