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

Business/Company Name *

Other Name/Previous Name

Country of Incorporation*

Please select country from this dropdown list

Business Registration Number *

Other Registration Number

Date of Incorporation* *Please click the drop down below for date selection*

Business 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 (Office) *

Please select country calling code from this dropdown l | *Phone No*

Customer AML Risk Rating

Please select from this dropdown list

Nature of Business * *Please fill in the sector in "others" if not in the list given. e.g. Others: [Forestry]*

Please select from this dropdown list

Authorised Person/Director/Beneficial Owner

Role *

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 *

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

Date of Birth *Please click the dropdown 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

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

Account Details

CDS Account No

Account No*

Account Type *

Please select from this dropdown list

Date Account Opened *

Account Status *

Please select from this dropdown list

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

Please select country calling code from this dropdown l | *Phone No*

Key Suspicious Transactions Details

Name of Counter/Product Type *

Counter Code *

Securities Type *

Please select from this dropdown list

Transaction Date *

From - *To*

Transaction Amount (RM) *

Transaction Type *

Transaction Method

Please select from this dropdown list

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? *

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

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

Other Accounts Maintained by Customer

CDS Account No (if applicable)

Account No

Account Type

Please select from this dropdown list

Account Status

Please select from this dropdown list