

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

Business/Company Name *

Other Name/Previous Name

Country of Incorporation *

Business Registration Number *

Other Registration Number

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

Business 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) *

Phone No

Customer AML Risk Rating

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

Authorised Person/Director/Beneficial Owner

Role *

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

Date of Birth *Please click the dropdown below for date selection.*

Residential Address

Postcode e.g. 50480

Correspondence Address

Spouse Date of Birth

Customer Reference No (for online/mobile platform only)

Customer Reference No

Date Account Opened

Account Status

Date Account Closed

Key Suspicious Transactions Details

Transaction Channel

Transaction Date * *Please click the drop down below for date selection*

From	-	To
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Payment Method *

Transaction Amount (RM) *

Transaction Currency

Transaction Amount (FC) * *Only required if transaction was done not using MYR*

Transaction Type *

Purpose of Transaction *

Transaction Outlet Code *

Outlet Location

Outlet State

Agent Name (if applicable)

Customer IP Address & Location

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) *e.g. 780101141234 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

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

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

Address	
Town	Postcode e.g. 50480

Email Address

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

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

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

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