

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. *

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 *

<i>Address</i>	<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 (Office/Mobile) *

	<i>Phone No</i>
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Customer AML Risk Rating

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

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 *

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

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

Banking Account Information

Bank Name

Bank Account No

Bank Account Type

Home Branch

Key Suspicious Transactions Details

Type of Product *

Transaction Date * *Please click the dropdown below for date selection*

From	-	To
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Transaction Amount (RM) *

Transaction Currency

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

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'*

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 *Field is only required if RIs filled 'Name of Person Conducting Transaction'*

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

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

Relationship with Firm**Type of Product** *

Quantity *

Amount (RM) *

Date relationship established * *Please click the dropdown below for date selection*

Customer reference number

Total number of lease throughout relationship

Total value of lease throughout relationship (RM)