

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 *

Correspondence Address

Spouse Date of Birth

Account Details

Account No *

Date Account Opened * *Please click the drop down below for date selection*

Account Status *

Current Portfolio Value (RM) *

Date Account Closed * *Please click the drop down below for date selection*

Account Closed by *

Reason of Closure *

Fund Manager/Agent/Sales Person/Marketing Representative

Name *

Identification No (NRIC/Passport) *

CMSRL License No/UTC or PRC FIMM No *

Contact No

Phone No

Key Suspicious Transactions Details

Product Name *

Type of Product *

Date of Product Purchase

Current Product Value (RM) *

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

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)

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'*

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]*

Other Accounts/Products Maintained by Customer

Account No

Product Name

Type of Product

Current Portfolio Value (RM)

Date of Product Purchase