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SUSPICIOUS TRANSACTION REPORT (STR) FORM

**A. Reporting Institution :**

 1. Name of the Bank:

 2. Name of the Branch:

**B. Details of Report:**

 1. Date of sending report:

 2. Is this the addition of an earlier report? Yes No

 3.If yes, mention the date of previous report

**C. Suspect Account Details :**

 1. Account Number:

 2. Name of the account:

 3. Nature of the account:

 (Current/savings/FDR/loan/other, pls. specify)

 4. Nature of ownership:

 (Individual/proprietorship/partnership/company/other, pls. specify)

 5.Date of opening/Transaction:

 6. Address:

**D. Account holder details :**

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|  |

 1. 1. Name of the account holder:

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| --- |
|  |

 2. Address:

|  |
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|  |

 3. Profession:

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| --- |
|  |

 4. Nationality:

|  |
| --- |
|  |

 5. Other account(s) number (if any):

|  |
| --- |
|  |

 6. Other business:

 7. Father’s name:

 8. Mother’s Name:

 9. Date of birth:

 10.Place of birth:

 11.Passport No.

 12.National Identification No.

 13. Birth Regoistration No.

 14. TIN:

2. 1. Name of the account holder:

 2. Relation with the account

 holder mention in sl. no. D1

 3. Address:

 4. Profession:

 5. Nationality:

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 6. Other account(s) number(if any):

 7. Other business:

 8. Father’s name:

 9. Mother’s Name:

 10. Date of birth:

 11. Place of birth:

 12.Passport No.

 13.National Identification No.

 14. Birth Regoistration No.

 15. TIN:

**E. Introducer Details :**

 1. Name of introducer:

 2. Account number:

 3.Relation with account holder:

 4. Address:

 5. Date of opening:

 6. Whether introducer is maintaining

 good relation with bank

**F. Reasons for considering the transaction(s) as suspicious?**

*(Mention summery of suspicion and consequence of events) [To be filled by the BAMLCIO]*

 a.□ Identity of clients

 b. □ Activity in account

 c. □ Background of client

 d. □ Multiple accounts

 e. □ Nature of transaction

 f. □ Value of transaction

 g. □ Other reason (Pls. Specify)

**G. Suspicious Activity Information**

Summary characterization of suspicious activity:

a. □ Corruption and k. □ murder, grievous u. □ terrorism or financing in terrorist

 bribery physical injury activities

b. □ counterfeiting l. □ trafficking of women v. □ adulteration or the manufacture of

 currency and children goods through infringement of title

c. Counter feiting m black marketing w. offences relating to the environment

d. □ deeds and n. □ smuggling of domestic x. □ sexual exploitation

 documents extortion and foreign currency

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e. □ fraud o. □ Theft or robbery or y. □ insider trading and market

 dacoity or piracy or manipulation

 hijacking of aircraft

f. □ forgery p. □ human trafficking z. □ organized crime, and participation in

 organized criminal groups

g. □ illegal trade of q. □ dowry aa. □ racketeering

 firearms

h. □ illegal trade in r. □ smuggling and bb. □ Other(Please -------------------------

 narcotic drugs, offences related to specify)

 psychotropic customs and excise

 substances and duties

 substances causing

 intoxication

i. □ illegal trade in stolen s. □ tax related offences

 and other goods

j. □ kidnapping, illegal t. □ infringement of

 restrain and hostage intellectual property

 taking rights

|  |
| --- |
| **H. Transaction/Attempted Transaction Details:**  |
| Sl. no | Date | Amount | . Type\* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***\*****Cash/Transfer/Clearing/TT/etc.*

Add paper if necessary

|  |
| --- |
| **I. Counter Part’s Details (Where Applicable)** |
| Sl. no. | Date | Bank | Branch | Account no.  | Amount |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**J. Has the suspicious transaction/activity had a material impact on or**

**otherwise affected the financial soundness of the bank?** Yes □ No □

**K. Has the bank taken any action in this context? If yes, give details.**

|  |
| --- |
| **L. Documents to be enclosed** |
| 1. Account opening form along with submitted documents2. KYC Profile, Transaction Profile3. Account statement for last one year4. Supporting Voucher/correspondence mention in sl. no. H5. Others |

 Signature :

 (CAMLCO or authorized officer of CCU)

 Name :

 Designation :

 Phone :

 Date :

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