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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:

|  |
| --- |
|  |

3. Profession:

|  |
| --- |
|  |

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\* |
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|  |  |  |  |

***\*****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 documents  2. KYC Profile, Transaction Profile  3. Account statement for last one year  4. Supporting Voucher/correspondence mention in sl. no. H  5. Others |

Signature :

(CAMLCO or authorized officer of CCU)

Name :

Designation :

Phone :

Date :

**3**