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Suspicious Transaction Report (STR)

A. Reporting Institution:

1. Name of the Institution/Branch:

B. Details of Customer :

a. Name of the Main accountholder/s/customer:
 b. Related Party/ies:

a.			
b.			

- 2 a. Permanent Address:
 - b. Present Address:
- 3. Profession (As per KYC):
- 4. Nationality:



- 6. Other business (if any):
 7. a. Citizen No./PP No./ other ID a. No./Regd.No.
 b. Issue Date and Place
 c. Issuing Agency/Authority
- 8. a. Father' Name

5.

b. Mother's Name

Other account(s) number (if any):

- c. Spouse Name
- d. Grand Father
- e. Chairman/MD/Proprietor
- 9. Date of birth (Natural Person)/ Date of establishment(Legal Person):

a. b. c. d.

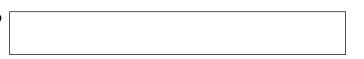


C. Details of Customer:

- 1. Account Number
- 2. Nature of the account (Current/savings/loan/other, pls. specify)
- 3. Nature of Ownership: (Individual/proprietorship /Partnership/company/other, pls. specify)
- 4. Names of Prop./Directors/ Partners, etc.
- 5. Date of A/C opening









2.	
3.	

D. Transaction

a. Transaction Details (Accountwise)

Account No.	Year	Total Trans. No.	Total Dr. Amount	Total Trans. No.	Total Cr. Amount	Closing Balance
Total up to						
now						

Please fill the transaction from opening to present date, Total of Dr. & Cr. (No. & Amount) exclude returned cheques/reverse entries/any other correcting items.

b. Details of Top 10 deposits (Last One Year)

S.No.	Date	Cheque/Voucher No.	Depositor	Amount	Remarks

c. Details of Top 10 withdrawals (Last One Year)

S.No.	Date	Cheque/Voucher No.	Payee	Amount	Remarks

d. Details of loan and any other business and transactions with BFI

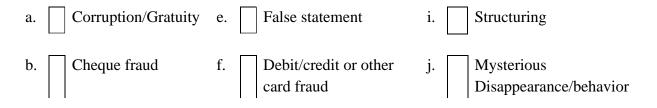
e. Person and Transaction Tree or Map

D. Reasons for considering the transaction(s) as unusual/suspicious?

- Summary of suspicious activities
- Analysis or Examination
- Possible Linkage

E. Suspicious Activity Information/Typology:

Summarize characterization of suspicious activity/please specify the typologies (As per Act and FATF Guideline):



c. Tax evasion	g. Identity theft	k. Counterfeit instrument
d. Loan fraud	h. Terrorist financing	L Misuse of position or self
Others (Please specify):		

F. Has the Bank/FI taken any action in this context? Give details.

Signature (Compliance Officer or Authorized Officer) :				
Name :				
Designation:		Date:		
Phone :	Email:	Fax:		