

CASH TRANSACTION REPORT

for Regulated Dealers under the Precious Stones and Precious Metals (Prevention of Money Laundering and Terrorism Financing) Act and Pawnbrokers under the Pawnbrokers Act

Note: Please complete the form legibly in **BLOCK LETTERS** and use only **BLACK** or **BLUE** ink. All fields with * are mandatory

mandatory.								
Part I Repo	orting Instit	ution's Info	ormation					
Name of Reporting In	nstitution*			Registration No./Foreign Entity Identification No*	Country/ Region of Registration*			
Address*				Reporting Institution's Re	leporting Institution's Reference No.*			
Name of Reporting C	Officer*		Designation*					
Contact No.* Fax No.*				Email*	nail*			
Part II Deta	ils of Cash	Transactio		n separate forms if you have more ms need to be completed and all t	than 3 transactions to file. All fields in the forms have to be signed.			
Transaction Ty	'pe*: (select <u>on</u>	e)		transaction t	h separate forms if you have more than 1 ype to file. All fields in the additional forms ompleted and all forms have to be signed.			
Transaction 1	Date of Trans		Amount Transact (SGD or SGD equivaler		here Transaction was made*			
Description of Comm	nodity Transact	ed*		Name of Transactin	g Officer*			
(solost all applicable)	Precious Stor		Transacting Officer'	Transacting Officer's Designation*				
Transaction 2 (If applicable) Date of Transaction* D D M M Y Y Y Y (SGD or SGD equ.								
Description of Comm	odity Transact	ed*		Name of Transactin	g Officer* (If different from Transaction 1)			
Commodity Type* Precious Stones Precious Metals (select all applicable) Precious Products Asset-Backed Tokens				Transacting Officer's	Transacting Officer's Designation* (If different from Transaction 1,			
Transaction 3 (If applicable) Date of Transaction* D D M M Y Y Y Y U U U U U U U U U U U U U U U			Amount Transacte (SGD or SGD equivaler		Address/Location where Transaction was made* (If different from Transaction 1)			
Description of Comm	l ¦ ¦ ¦ nodity Transact	<u> </u>	Name of Transactin	Name of Transacting Officer* (If different from Transaction 1)				
(select all applicable)	Precious Stor		Transacting Officer's	Transacting Officer's Designation* (If different from Transaction 1)				
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Part III	Identity of the Person Who Transacted in Cash									
	ived from customers, is the person making to customers, is the person receiving the					nodity?*				
Yes No If you have checked "No", please complete Part IV or Part V.										
Name of Person	on*	Nationality/ Citizenship*		Date of Birth* (DD/MM/YYYY)		Gender* ☐ Male ☐ Female				
Address		Contact No.*		Occupation*						
Identification Details:	Identification No*	Identification Type* ☐ NRIC ☐ Passport ☐		□ Driver's Licence □ Others						
Details:	Country/ Region of Issue*	Expiry Date* (DD/MM/YYYY) (If applicable)								
Part IV Identity of the Person Who Owns the Cash/ Asset-Backed Token/ Commodity (if applicable) Please attach separate forms if more than 1 person owns the cash/ asset-backed token/ commodity. All fields in the additional forms need to be completed and all forms have to be signed.										
Name of Person*		Nationality/ Citizenship*		Date of Birth* (DD/MM/YYYY)		Gender* ☐ Male ☐ Female				
Address		Contact No.*		Occupation*						
Identification Details:	Identification No*	Identification Type* □ NRIC □ Passport □ Driver's Licence □ Others □ (please specify)								
	Country/ Region of Issue*	Expiry Date* (DD/MM/YYYY) (If applicable)								
Relationship o	of the person named in Part III to the person	n named above*								
☐ Family/Rel	lative Friend Employee	Agen	Agent Others (please specify)							
Part V	Identity of the Business That Ov Asset-Backed Token/ Commodi		Casni asset-baci	cked token/ commod		siness owns the cash/ additional forms need				
Name of Business*			Registration No./Foreign Entity Identification No* Country/ Region of Reg			n of Registration*				
Address			Is the business a dealer in precious stones, precious mor precious products?* Yes No (please specify the nature)							
Relationship	of the person named in Part III to the busine	iness name								
Part VI	Declaration									
I declare that t	the information provided in this report is fu	II and acci	urate.							
Name of Repo	orting Officer*	_	_ S	Signature*						
Identification Number of Reporting Officer*				Date of Declaration* (DD/MM/YYYY)						
Identification Type* ☐ NRIC ☐ FIN ☐ Passport			☐ Foreign ID No							
	n nder section 27 of the Precious Stones and Precious Metal to provide any information that is materially false or mislea									

will create a false or misleading impression.

2. Please submit the following:

Prease submit the following:
a. the <u>original</u> signed report by post to the Suspicious Transaction Reporting Office at 391 New Bridge Road, #06-701, Police Cantonment Complex Block D, Singapore 088762; and
b. a <u>orby</u> of the signed report separately by post to the Anti-Money Laundering/ Countering the Financing of Terrorism Division at 45 Maxwell Road, #07-11, The URA Centre (East Wing), Singapore 069118 (if you are a regulated dealer) or the Registry of Pawnbrokers at 45 Maxwell Road, #07-11, The URA Centre (East Wing), Singapore 069118 (if you are a pawnbroker).