



SINGAPORE POLICE FORCE

CASH TRANSACTION REPORT

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

| Part I Reporting Institution's Information | | | |
|--|--|--|--|
| Name of Reporting Institution | | Registration No./Foreign Entity Identification No. | |
| Address | | Reporting Institution's Reference No. | |
| Name of Reporting Officer | | Designation | |
| Contact No. | Fax No. | Email | |
| Part II Details of Cash Transaction(s) | | | |
| <i>Please attach separate forms if you have more than 3 transactions to file. All fields in the additional forms need to be completed and all forms have to be signed.</i> | | | |
| No. of Transaction(s): | | | |
| Transaction 1 | Date of Transaction D D M M Y Y Y Y | Amount Transacted (SGD or SGD equivalent) \$ | Description of Commodity Transacted |
| | | | |
| Address/Location where Transaction was made | | | Name of Transacting Officer |
| | | | Transacting Officer's Designation |
| Transaction 2 <i>(If applicable)</i> | Date of Transaction D D M M Y Y Y Y | Amount Transacted (SGD or SGD equivalent) \$ | Description of Commodity Transacted |
| | | | |
| Address/Location where Transaction was made <i>(If different from Transaction 1)</i> | | | Name of Transacting Officer <i>(If different from Transaction 1)</i> |
| | | | Transacting Officer's Designation <i>(If different from Transaction 1)</i> |
| Transaction 3 <i>(If applicable)</i> | Date of Transaction D D M M Y Y Y Y | Amount Transacted (SGD or SGD equivalent) \$ | Description of Commodity Transacted |
| | | | |
| Address/Location where Transaction was made <i>(If different from Transaction 1)</i> | | | Name of Transacting Officer <i>(If different from Transaction 1)</i> |
| | | | Transacting Officer's Designation <i>(If different from Transaction 1)</i> |

| Part III Identity of the Person Who Paid Cash | | | |
|---|--------------------|---|--|
| As far as you know, is the person making the cash payment the owner of the cash? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you have checked "No", please complete Part IV or Part V.</i> | | | |
| Name of Person | | Nationality | Date of Birth (DD/MM/YYYY) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address | | Contact No. | Occupation |
| Identification Details: | Identification No. | Identification Type <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Others _____ <i>(please specify)</i> | |
| | Country of Issue | Expiry Date (DD/MM/YYYY) <i>(if applicable)</i> | |
| Part IV Identity of the Person Who Owns the Cash (if applicable) <i>Please attach separate forms if more than 1 person owns the cash. All fields in the additional forms need to be completed and all forms have to be signed.</i> | | | |
| Name of Person | | Nationality | Date of Birth (DD/MM/YYYY) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address | | Contact No. | Occupation |
| Identification Details: | Identification No. | Identification Type <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Others _____ <i>(please specify)</i> | |
| | Country of Issue | Expiry Date (DD/MM/YYYY) <i>(if applicable)</i> | |
| Relationship of the person named in Part III to the person named above <input type="checkbox"/> Family/Relative <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> Agent <input type="checkbox"/> Others _____ <i>(please specify)</i> | | | |
| Part V Identity of the Business That Own the Cash (if applicable) <i>Please attach separate forms if more than 1 business owns the cash. All fields in the additional forms need to be completed and all forms have to be signed.</i> | | | |
| Name of Business | | Registration No./Foreign Entity Identification No. | Country of Registration |
| Address | | Is the business a dealer in precious stones, precious metals or precious products? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <i>(please specify the nature of business)</i> | |
| Relationship of the person named in Part III to the business named above <input type="checkbox"/> Employee <input type="checkbox"/> Agent <input type="checkbox"/> Others _____ <i>(please specify)</i> | | | |
| Part VI Declaration | | | |

I declare that the information provided in this report is full and accurate*.

Signature

Date of Declaration (DD/MM/YYYY)