

Explanatory Note to Filling Up Form NP 784 (Cash Transaction Report) for Precious Stones and Metals Dealers (PSMD)

Disclaimer: Please use the Form NP 784 available at www.police.gov.sg. This is an explanatory note and **NOT** any of the following:

- a. the prescribed form under Section 17 of the Precious Stones and Precious Metals (Prevention of Money Laundering and Terrorism Financing) Act 2019, or
- b. the form under Section 74A of the Pawnbrokers Act 2015.

Note: All fields with * are mandatory. Complete Part IV and Part V only if the person named in Part III is not the owner of the cash/ asset-backed token/ commodity.

Field Name	Explanatory Notes
Part I – Reporting Institution’s Information	
Name of Reporting Institution*	PSMD’s full registered name.
Registration No./Foreign Entity Identification No.*	PSMD’s registration number.
Country/ Region of Registration*	PSMD’s country/ region of registration.
Address*	PSMD’s principal place of business or main office or branch.
Reporting Institution’s Reference No. (Invoice No)*	The invoice number relating to the sales or purchase transaction. If the CTR relates to a designated transaction involving 2 or more sales or purchase transactions, enter all relevant invoice numbers.
Name of Reporting Officer*	Name as per identification document. The Reporting Officer is the owner or employee authorised to complete the form for the business that received the cash. He/she need not be the officer who conducted the transaction.
Designation*	Designation/Corporate title of Reporting Officer.
Contact No.*	PSMD’s contact number or DID.
Fax No.*	PSMD’s fax number.
Email*	PSMD’s email address.

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Field Name	Explanatory Notes
Part II – Details of Cash Transaction(s) Fill in all cash transactions related to a single designated transaction. A CTR must be filled for cash received or paid by a customer (person making or receiving the cash payment) relating to a <u>single designated transaction</u> . Submit separate CTRs (Forms NP 784) for different customers/payers. (Note: If the customer has more than 3 transactions in a single designated transaction (e.g. 5 transactions), fill in the first 3 transactions in one form and the remaining 2 transactions in a second form. Staple and submit both forms together. All fields in the second form need to be completed and both forms have to be signed.) Situations in which CTRs are to be filed include: i. A customer conducted multiple sales or purchase transactions within the same day, and the total cash paid or received in relation to these sales or purchase transactions exceeds SGD 20,000; or ii. A customer conducted a sale or purchase transaction but made multiple cash payments or collected multiple cash amounts over a period of time and the total cash paid or received exceeded SGD 20,000.	
Transaction Type* (select <u>one</u>)	<input type="checkbox"/> Received cash from a customer <input type="checkbox"/> Paid cash to a customer Select “Received cash from a customer” if the Reporting Institution sold any precious stone, precious metal, or precious product or asset-backed token, and received cash from customers as payment. Select “Paid cash to a customer” if the Reporting Institution: 1. Is a secondhand goods dealer that purchased any precious stone, precious metal, or precious product with cash from customers who are not regulated dealers; or 2. Redeemed asset-backed tokens in exchange for cash. Please attach separate forms if you have more than 1 transaction type to file. All fields in the additional forms need to be completed and all forms have to be signed.
Transaction 1:	
Cash Receipt/Payment Date* (DD/MM/YYYY)	Date of receipt or payment of cash.
Amount of Cash Received or Paid* (SGD or SGD equivalent)	SGD amount received/ paid in cash/ cash equivalent. If receipt/payment is in foreign currency, convert the foreign currency to SGD equivalent. You can use the actual conversion rate used in the transaction or when depositing the cash into your bank account.
Address/Location where Transaction was made*	Full address of the place of business where the transaction advice was issued.

Field Name		Explanatory Notes
Description of Commodity Transacted*		<p>Briefly describe the commodity by providing the information, in the following order <Quantity>;<Product Type>; <Brand, if applicable>; <Model, if applicable>; <Serial Number, if applicable>; <Weight in g/Carat, if applicable></p> <p>Example:</p> <ul style="list-style-type: none"> - 2 pieces; gold bars; Suisse Gold; 1,000g, - 1 piece; watch; Rolex, RLX-SKYDWE0038 42mm; M121323232, - 1 piece; diamond ring; Tiffany and Co; Etoile-des, 12345678t; 1 Carat, - 0.2 units; asset backed token; Goldilocks
Commodity Type* <i>(select all applicable)</i>	<input type="checkbox"/> Precious Stones <input type="checkbox"/> Precious Metals <input type="checkbox"/> Precious Products <input type="checkbox"/> Asset-Backed Tokens	<p>Check all applicable tick boxes provided.</p> <ul style="list-style-type: none"> - Precious Stones e.g. Loose diamonds, others (sapphire, ruby, emerald, jade (including nephrite and jadeite) and pearl) - Precious Metals e.g. Gold bullion, non-gold bullion, silver, platinum, iridium, osmium, palladium, rhodium, ruthenium and alloy with at least 2% in weight of any of the abovementioned metals - Precious products e.g. Jewellery, watches, luxury ornaments, accessories and apparel, fortune telling/feng shui/astrology products, antiques and collector products (e.g. coinage), others - Asset-backed token e.g. Virtual assets, non-virtual assets such as gold receipts/ certificates
Name of Transacting Officer*		Full name (as per official identification) of Reporting Institution's officer who conducted the transaction.
Transacting Officer's Designation*		Designation/ corporate title of the Reporting Institution's officer who conducted the transaction.
Transaction 2: (if applicable)		
Date of Transaction* <i>(DD/MM/YYYY)</i>		See explanatory notes of Transaction 1.
Amount Transacted* <i>(SGD or SGD equivalent)</i>		
Address/Location where Transaction was made* <i>(if different from Transaction 1)</i>		
Description of Commodity Transacted*		

Field Name		Explanatory Notes
Commodity Type* (<i>select all applicable</i>)	<input type="checkbox"/> Precious Stones <input type="checkbox"/> Precious Metals <input type="checkbox"/> Precious Products <input type="checkbox"/> Asset-Backed Tokens	
Name of Transacting Officer* (<i>if different from Transaction 1</i>)		
Transacting Officer's Designation* (<i>if different from Transaction 1</i>)		
Transaction 3: (if applicable)		
Date of Transaction* (<i>DD/MM/YYYY</i>)		See explanatory notes of Transaction 1.
Amount Transacted* (<i>SGD or SGD equivalent</i>)		
Address/Location where Transaction was made* (<i>if different from Transaction 1</i>)		
Description of Commodity Transacted*		
Commodity Type* (<i>select all applicable</i>)	<input type="checkbox"/> Precious Stones <input type="checkbox"/> Precious Metals <input type="checkbox"/> Precious Products <input type="checkbox"/> Asset-Backed Tokens	
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 Transacted in Cash		
Identification information of the customer (individual) who paid in cash or received cash. This should be obtained from reliable and independent sources (such as government issued document bearing the photograph of the individual e.g. NRIC, passport or work pass).		
For cash received from customers, is the person making the cash payment the owner of the cash?* / For cash paid to customers, is the person receiving the cash payment the owner of the asset-backed token/ commodity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you have checked "No", please complete Part IV or Part V).</i>	Check the tick box provided. If you have checked "No", <ul style="list-style-type: none"> - Complete Part IV if the owner of the cash/ asset-backed token/ commodity is a person. - Complete Part V if the owner of the cash/ asset-backed token/ commodity is a business.

Field Name		Explanatory Notes
Name of Person*		Full name of an individual who is the cash payer/ receiver. This should be obtained from reliable and independent sources (such as government issued document bearing the photograph of the individual e.g. NRIC, passport or work pass). This should not be the name of an institution or business. If the cash payer/ receiver is representing a business, select "No" for the person paying/ receiving the cash payment being the owner of cash/ asset-backed token/commodity transacted and complete both Part III and V.
Nationality/ Citizenship*		This should be obtained from reliable and independent sources (such as government issued document bearing the photograph of the individual e.g. NRIC, passport or work pass).
Date of Birth* (DD/MM/YYYY)		
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female	Check the tick box provided.
Address		Full address of cash payer/ receiver. If the individual is not residing in Singapore, you can fill in a foreign address.
Contact No.*		Fill in a local contact number. If the individual is not residing in Singapore, you can fill in a foreign contact number (including country/region and area code).
Occupation*		Describe the specific nature of the occupation. Where possible, refrain from using generic terms such as “consultant” or “professional” and provide more description on the nature of work such as “IT consultant” or “software engineer”.
Identification No.*		This should be obtained from reliable and independent sources (such as government issued document bearing the photograph of the individual e.g. NRIC, passport or work pass). (if applicable)
Identification Type*	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Others _____ (please specify)	Check the tick box provided. “Others” could include employment pass, work permit, or any other government issued document that specifies an identification number and bears a photograph of the individual.

Field Name		Explanatory Notes
Country/ Region of Issue*		This should be obtained from reliable and independent sources (such as government issued document bearing the photograph of the individual e.g. NRIC, passport or work pass). (if applicable)
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*		Full name of individual who is the cash/ asset-backed token/ commodity owner. This should be obtained from reliable and independent sources (such as government issued document bearing the photograph of the individual e.g. NRIC, passport or work pass). (if applicable)
Nationality/ Citizenship*		This should be obtained from reliable and independent sources (such as government issued document bearing the photograph of the individual e.g. NRIC, passport or work pass). (if applicable)
Date of Birth* (DD/MM/YYYY)		
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female	Check the tick box provided. (if applicable)
Address		Full address of cash/ asset-backed token/ commodity owner. If the individual is not residing in Singapore, you can fill in a foreign address. (if applicable)
Contact No.*		Fill in a local or foreign contact number. If the individual is not residing in Singapore, you can fill in a foreign contact number (including country/ region and area code). (if applicable)
Occupation*		Describe the specific nature of the occupation. Where possible, refrain from using generic terms such as “consultant” or “professional” and provide more description on the nature of work such as “IT consultant” or “software engineer”. (if applicable)

Field Name		Explanatory Notes
Identification No.*		This should be obtained from reliable and independent sources (such as government issued document bearing the photograph of the individual e.g. NRIC, passport or work pass). (if applicable)
Identification Type*	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Others _____ <i>(please specify)</i>	Check the tick box provided. "Others" could include employment pass, work permit, or any other government issued document that specifies an identification number and bears a photograph of the individual. (if applicable)
Country/ Region of Issue*		This should be obtained from reliable and independent sources (such as government issued document bearing the photograph of the individual e.g. NRIC, passport or work pass). (if applicable)
Expiry Date* (DD/MM/YYYY) (if applicable)		
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>	Check the tick box provided. "Others" could include business associate. (if applicable)
Part V - Identity of the Business That Owns the Cash/ Asset-Backed Token/ Commodity (if applicable) Please attach separate forms if more than 1 business 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 Business*		A business refers to any of the following: a company, corporation, limited liability partnership, institution, sole proprietorship, partnership, society, club, trust, foundation. Registered name of business which is the cash/ asset-backed token/ commodity owner. This should be obtained from reliable and independent sources (such as government issued document e.g. Accounting and Corporate Regulatory Authority's Business Profile or the foreign country/ region's business registry company registration records). (if applicable)

Field Name		Explanatory Notes
Registration No./Foreign Entity Identification No.*		<p>Unique Entity Number (UEN) or foreign entity registration number of cash/ asset-backed token/ commodity owner.</p> <p>This should be obtained from reliable and independent sources (such as government issued document e.g. Accounting and Corporate Regulatory Authority's Business Profile or the foreign country/ region's business registry company registration records). (if applicable)</p>
Country/ Region of Registration*		<p>Country/ Region of registration of cash/ asset-backed token/ commodity owner.</p> <p>This should be obtained from reliable and independent sources (such as government issued document e.g. Accounting and Corporate Regulatory Authority's Business Profile or the foreign country/ region's business registry company registration records). (if applicable)</p>
Address		<p>Full address of cash/ asset-backed token/ commodity owner.</p> <p>If the business is not residing in Singapore, you can fill in a foreign address (if applicable).</p>
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>	<p>Select "Yes" if the business:</p> <ul style="list-style-type: none"> (a) manufactures, sells, offers for sale, imports for sale, possesses for sale or purchases for the purposes of resale any precious stone, precious metal or precious product (PSPM); (b) sells or redeems any token, certificate or other instrument backed by one or more PSPMs that entitles the holder to the PSPM or part of it; or (c) acts as an intermediary for (a) or (b) (e.g. broker, auctioneer, an exchange or any provider of a trading or clearing facility). <p>Select "No" if otherwise.</p> <p>If the "No" box is checked, specify the nature of business. (if applicable)</p>

Field Name		Explanatory Notes
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>	Check the tick box provided. "Others" could include business associate, director, shareholder and owner. (if applicable)
Part VI – Declaration		
I declare that the information provided in this report is full and accurate.		
Name of Reporting Officer*	Name as per identification document. The Reporting Officer is the owner or employee authorised to complete the form for the business that received the cash. He/she need not be the officer who conducted the transaction.	
Identification Number of Reporting Officer*	Identification number of official identification of Reporting Officer.	
Identification Type*	<input type="checkbox"/> NRIC <input type="checkbox"/> FIN <input type="checkbox"/> Passport <input type="checkbox"/> Foreign ID No	Check the tick box provided.
Signature*	Reporting Officer to sign on the form.	
Date of declaration* (DD/MM/YYYY)	Declaration must be made and submitted within 15 business days after the date on which the cash transaction is entered into (i.e. a day other than a Saturday, Sunday or public holidays).	

General Information

1. It is an offence under section 27 of the Precious Stones and Precious Metals (Prevention of Money Laundering and Terrorism Financing) Act 2019 and section 70 of the Pawnbrokers Act 2015 to provide any information that is materially false or misleading or to omit to provide any information knowing or having reason to believe that such omission will create a false or misleading impression.
2. Please submit the following:
 - a. The **original** 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 **copy** 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).

For clarification, you may contact the Suspicious Transaction Reporting Office (STRO) at 6324 9836 or stro@spf.gov.sg.

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