

Form Guide for new Form NP 784 (Cash Transaction Report) for Precious Stones and Metals Dealers (PSMD)

Objective

1. This guide explains the features found in the new form NP 784, or Cash Transaction Report (CTR). The new CTR is meant to be submitted to the Suspicious Transaction Reporting Office (STRO) via the STRO Online Notices and Reporting Platform (SONAR), an electronic online filing platform.
2. This form guide is **NOT** the prescribed form under section 17 of the Precious Stones and Precious Metals (Prevention of Money Laundering and Terrorism Financing) Act 2019 and section 74A of the Pawnbrokers Act 2015.


Features in New Form NP 784

General Guidance:

A CTR **reference number** is found on each page and will be system-populated when the CTR is successfully submitted on the filing platform. Quote this number when corresponding with STRO on the submitted CTR.

Reference No.

NP 784

 **CASH TRANSACTION REPORT**
(for electronic submission)
for Regulated Dealers under the Precious Stones and Precious Metals (Prevention of Money Laundering and Terrorism Financing) Act 2019 and Pawnbrokers under the Pawnbrokers Act 2015

Note: All fields with * are mandatory. Please click on 'Import XML' to import data to this form. [Import XML](#)

Reporting Institution	Cash Transactions	Transacting Party	Person Owner	Business Owner	Declaration
-----------------------	-------------------	-------------------	--------------	----------------	-------------

Part I: Reporting Institution's Information


Name of Reporting Institution*


Registration No./ Foreign Entity Identification No.*

Country/ Region of Registration

You can click on the **tab headers** to quickly access the different Parts of the report. No input is required for Parts which are not applicable.

Greyed-out fields will be system-populated when the CTR is successfully submitted on the filing platform. These greyed-out fields do not have to be completed. **A copy of the submitted CTR with the system-populated information will be available for download upon successful submission.**

Country/ Region of Registration 

Address* 

Block

Street

Building


Unit & Floor # -

Postal Code

City

State

Country/ Region

Name of Reporting Officer* 

Designation*

Contact No.*

Fax No.*

Email*

Transaction Type* ☐ Received cash from a customer ☐ Paid cash to a customer

Transaction 1

Cash Receipt / Payment Date*
(DD/MM/YYYY)

Amount of Cash Received or Paid* \$
(SGD or SGD equivalent)

This field will be auto-completed when the form is submitted to STRO through SONAR based on the CorpPass account that is used to log in. You will have the opportunity to check the accuracy of the information before the final submission.

This field will be auto-completed when the form is submitted to STRO through SONAR based on the CorpPass account that is used to log in. You will have the opportunity to check the accuracy of the information before the final submission.

When you **hover your mouse** over active fields or blue icons (for greyed fields), a short description of the field will appear. You may refer to the descriptions of the fields if you are unsure of how to complete the CTR.

When there are “+” and “-” **buttons**, more than one entry is allowed.

- Use the “+” button to add up to 20 entries.
- Use the “-” button to delete entries (data deleted is irreversible).

Occupation*

Member of Parliament, Legislator, Senior Civil Servant and related (Including Foreign Diplomatic Personnel)

Member of Parliament, Legislator, Senior Civil Servant and related (Including Foreign Diplomatic Personnel)

Accountants, Auditors and related Professionals

Agricultural, Fishery, Park/Garden Maintenance and related Worker

Architects, Planners, Surveyors and Designer

Business and Administration Professional

Civil Servant

Cleaners, Cleaning Supervisors and related Worker

Clerical Support Worker (Clerk)

Unit & Floor #

Postal Code

Fields with arrows have **drop down lists**. You can click on the arrow to see all selection available, scroll to select the field or type the first alphabet of the field (e.g. in Occupation, type "A" for "Accountants") to jump to a particular field.

Fields in **red** have been incorrectly filled and must be corrected.

Transaction 1

Cash Receipt / Payment Date* 04/01/189

(DD/MM/YYYY)

Amount of Cash Received or Paid* \$ 20,500.00

(SGD or SGD equivalent)

Address/Location

Block

Street

Building

Unit & Floor

Form Validation Errors

Please amend the following fields:

Part II: Cash Transactions 1 - The value entered for Date of Transaction is invalid. Please enter a date in this format: DD/MM/YYYY.

OK

A **pop-up window** may appear to tell you that the field has an error. You should correct the field accordingly.

Part I: Reporting Institution's Information

Part I: Reporting Institution's Information	
Name of Reporting Institution*	<input type="text"/>
Registration No. / Foreign Entity Identification No.*	<input type="text"/>
Country/ Region of Registration	<input type="text"/>
Address*	
Block	<input type="text"/>
Street	<input type="text"/>
Building	<input type="text"/>
Unit & Floor	# <input type="text"/> - <input type="text"/>
Postal Code	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country/ Region	<input type="text"/>
Reporting Institution's Reference No. (Invoice No.)*	<input type="text"/>
Name of Reporting Officer*	<input type="text"/>

The following greyed fields will be auto-populated upon submission of the CTR on the filing platform:

- Name of reporting institution
- Registration no. of reporting institution
- Country of registration
- Name of reporting officer

This information will be based on the particulars associated with the logged-in CorpPass account.

Part II: Details of Cash Transaction(s)

Part II: Details of Cash Transaction(s) *i*

Transaction Type* ☐ Received cash from a customer ☒ Paid cash to a customer

Transaction 1 + -

Cash Receipt / Payment Date* (DD/MM/YYYY) 20/12/2021

Transaction 2 + -

Cash Receipt / Payment Date* (DD/MM/YYYY)

Amount of Cash Received or Paid* \$

Address/Location where Transaction was made* ☒ If same as transaction 1

Commodity Type* ☐ Precious Stones ☐ Precious Metals ☐ Precious Products ☐ Asset-Backed Tokens

Description of Commodity Transacted* (No. of Characters (Max): 485)

Name of Transacting Officer* ☒ if same as transaction 1

Transacting Officer's Designation ☒ if same as transaction 1

In adding and deleting cash transactions, if you have more than 1 transaction, the first transaction cannot be deleted (you can edit it instead).

Refer to Section 2 of the **Precious Stones and Precious Metals (Prevention of Money Laundering and Terrorism Financing) Act 2019** for definitions of Commodity Type.

For subsequent transactions, if the Address, Name of Transacting Officer and Transacting Officer's Designation is the same as Transaction 1, click on the **check box**. You do not need to populate these fields (they will be hidden).

Part III: Identity of the Person Who Transacted in Cash

Part III: Identity of the Person Who Transacted in Cash *i*

Is the person receiving the cash payment the owner of the asset-backed token/ commodity? ☐ Yes ☒ No

Is the owner of the asset-backed token/ commodity transacted an individual and/or a business? *i* ☐ Individual ☐ Business

Selecting "**No**" will trigger the following question to appear. Selecting "**Individual**" and/or "**Business**" will trigger Part IV and/or Part V to appear in the next few pages.

Identification Details

Identification No.*

Identification Type* ☐ NRIC ☐ FIN ☐ Passport ☒ Others

Other Identification Type (please specify)

Under Identification Type, selecting “**Others**” will trigger the Other Identification Type field to appear.

Part IV: Identity of the Person Who Owns the Cash

Identification Details

Identification No.*

Identification Type* ☐ NRIC ☐ FIN ☐ Passport ☒ Others

Other Identification Type (please specify)

Under Identification Type, selecting “**Others**” will trigger the Other Identification Type field to appear.

Relationship of the person named in Part III to the person named above ☐ Family / Relative ☐ Friend ☐ Employee ☐ Agent ☒ Others

Other Relationship (please specify)

Under Relationship, selecting “**Others**” will trigger the Other Relationship field to appear.

Part V: Identity of the Business That Owns the Cash

Is the business a dealer in precious stones, precious metals or precious products?*

☐ Yes ☒ No

Business Nature*

(please specify)

Relationship of the person named in Part III to the business named above*

☐ Employee ☐ Agent ☒ Others

Other Relationship*

(please specify)

Under the question relating to PSMD business nature, selecting “**No**” will trigger the Business Nature field to appear.

Under Relationship, selecting “**Others**” will trigger the Other Relationship field to appear.

Part VI: Declaration

Part VI: Declaration

Please click on 'Validate Form'.
Form validation must be successful before it can be submitted.


Validate Form

Validation Status Validation Required

You must click on “Validate Form” at the end of the form to trigger the validation checks.

Take note that this pop-up window only displays up to 10 errors. To view the remaining errors, you will need to first fix the errors shown, then validate again.

Warning: JavaScript Window - Form Validation Errors

 Please complete the following mandatory fields:

- Part I: Reporting Institution - Address
- Part I: Reporting Institution - Reporting Institution's Reference No
- Part I: Reporting Institution - Designation
- Part I: Reporting Institution - Contact Country/ Region Code
- Part I: Reporting Institution - Contact Number
- Part I: Reporting Institution - Email
- Part II: Cash Transactions 1 - Amount Transacted
- Part II: Cash Transactions 1 - Address/ Location where transaction was made
- Part II: Cash Transactions 1 - Commodity Type
- Part II: Cash Transactions 1 - Name of Transacting Officer

(141 mandatory error messages not shown)

OK

If there are errors in the form, a pop-up window will appear to inform you of the errors. Click 'Ok' and correct the errors identified. Fields with errors will be highlighted in **red** for your attention.

Form validation has failed if the validation status turns **red**. You will need to correct the errors and click on "Validate Form" again until form validation is successful.

Part VI: Declaration

Please click on 'Validate Form'.
Form validation must be successful before it can be submitted.

Validation Status **Validation failed as of 26/08/2019 7:26:49 PM**

Validate Form

You can only submit the form if form validation is successful (turns **green**).

Part VI: Declaration

Please click on 'Validate Form'.
Form validation must be successful before it can be submitted.

Validate Form

Validation Status **Validated successfully as of 20/08/2019 7:26:22 PM**

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

Name of Reporting Officer*



Identification Type*



Identification Number of Reporting Officer*



Date of Declaration*



The following **greyed-out fields** will be system-populated upon submission of the CTR on the filing platform:

- Name of reporting officer
- Identification type and identification number of reporting officer
- Date of declaration (date in which CTR is submitted on the filing platform)

The identifying information of the reporting officer will be based on the particulars associated with the logged-in CorpPass account. The date of declaration will be the date on which the CTR is submitted successfully on the filing platform.