



**SINGAPORE  
POLICE FORCE**  
SAFEGUARDING EVERY DAY

# 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.

<b>Part I Reporting Institution's Information</b>			
Name of Reporting Institution*		Registration No./Foreign Entity Identification No*	Country/ Region of Registration*
Address*		Reporting Institution's Reference No. (Invoice No.)*	
Name of Reporting Officer*		Designation*	
Contact No.*	Fax No.*	Email*	
<b>Part II Details of Cash Transaction(s)</b> <small>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.</small>			
<b>Transaction Type*:</b> (select <u>one</u> ) <input type="checkbox"/> Received cash from a customer <input type="checkbox"/> Paid cash to a customer <small>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.</small>			
<b>Transaction 1</b>	Cash Receipt/Payment Date* D D M M Y Y Y Y : : : : : : : : \$	Amount of Cash Received or Paid* (SGD or SGD equivalent) \$	Address/Location where Transaction was made*
Description of Commodity Transacted*			Name of Transacting Officer*
Commodity Type* <input type="checkbox"/> Precious Stones <input type="checkbox"/> Precious Metals (select all applicable) <input type="checkbox"/> Precious Products <input type="checkbox"/> Asset-Backed Tokens			Transacting Officer's Designation*
<b>Transaction 2</b> (If applicable)	Cash Receipt/Payment Date* D D M M Y Y Y Y : : : : : : : : \$	Amount of Cash Received or Paid* (SGD or SGD equivalent) \$	Address/Location where Transaction was made* (If different from Transaction 1)
Description of Commodity Transacted*			Name of Transacting Officer* (If different from Transaction 1)
Commodity Type* <input type="checkbox"/> Precious Stones <input type="checkbox"/> Precious Metals (select all applicable) <input type="checkbox"/> Precious Products <input type="checkbox"/> Asset-Backed Tokens			Transacting Officer's Designation* (If different from Transaction 1)
<b>Transaction 3</b> (If applicable)	Cash Receipt/Payment Date* D D M M Y Y Y Y : : : : : : : : \$	Amount of Cash Received or Paid* (SGD or SGD equivalent) \$	Address/Location where Transaction was made* (If different from Transaction 1)
Description of Commodity Transacted*			Name of Transacting Officer* (If different from Transaction 1)
Commodity Type* <input type="checkbox"/> Precious Stones <input type="checkbox"/> Precious Metals (select all applicable) <input type="checkbox"/> Precious Products <input type="checkbox"/> Asset-Backed Tokens			Transacting Officer's Designation* (If different from Transaction 1)

<b>Part III</b>	<b>Identity of the Person Who Transacted in Cash</b>
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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?\*

☐ Yes    ☐ No    *If you have checked "No", please complete Part IV or Part V.*

Name of Person*		Nationality/ Citizenship*	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"/> Others _____ <span style="font-size: small;">(please specify)</span>		
	Country/ Region of Issue*	Expiry Date* (DD/MM/YYYY) <i>(If applicable)</i>		

<b>Part IV</b>	<b>Identity of the Person Who Owns the Cash/ Asset-Backed Token/ Commodity (if applicable)</b>	<i>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.</i>
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Name of Person*		Nationality/ Citizenship*	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"/> Others _____ <span style="font-size: small;">(please specify)</span>		
	Country/ Region of Issue*	Expiry Date* (DD/MM/YYYY) <i>(If applicable)</i>		

Relationship of the person named in Part III to the person named above\*  
☐ Family/Relative    ☐ Friend    ☐ Employee    ☐ Agent    ☐ Others \_\_\_\_\_ (please specify)

<b>Part V</b>	<b>Identity of the Business That Owns the Cash/ Asset-Backed Token/ Commodity (if applicable)</b>	<i>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.</i>
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Name of Business*	Registration No./Foreign Entity Identification No*	Country/ Region of Registration*
Address	Is the business a dealer in precious stones, precious metals or precious products?*	
	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ <span style="font-size: small;">(please specify the nature of business)</span>	

Relationship of the person named in Part III to the business named above\*  
☐ Employee    ☐ Agent    ☐ Others \_\_\_\_\_ (please specify)

<b>Part VI</b>	<b>Declaration</b>
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I declare that the information provided in this report is full and accurate.

Name of Reporting Officer*	Signature*
Identification Number of Reporting Officer*	Date of Declaration* (DD/MM/YYYY)
Identification Type* <input type="checkbox"/> NRIC <input type="checkbox"/> FIN <input type="checkbox"/> Passport <input type="checkbox"/> Foreign ID No	

**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 and section 70 of the Pawnbrokers Act 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).