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 2019 and Pawnbrokers under the Pawnbrokers Act 2015

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

Part I Reporting Institution's Information

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*

Part II Details of Cash Transaction(s)

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.

Transaction Type*: *(select **one**)* ☐ Received cash from a customer ☐ Paid cash to a customer

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.

	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*
Transaction 1		$	
Description of Commodity Transacted*			Name of Transacting Officer*
Commodity Type* *(select all applicable)* ☐ Precious Stones ☐ Precious Metals ☐ Precious Products ☐ Asset-Backed Tokens			Transacting Officer's Designation*
Transaction 2 *(If applicable)*		$	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* *(select all applicable)* ☐ Precious Stones ☐ Precious Metals ☐ Precious Products ☐ Asset-Backed Tokens			Transacting Officer's Designation* *(If different from Transaction 1)*
Transaction 3 *(If applicable)*		$	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* *(select all applicable)* ☐ Precious Stones ☐ Precious Metals ☐ Precious Products ☐ Asset-Backed Tokens			Transacting Officer's Designation* *(If different from Transaction 1)*

Part III Identity of the Person Who Transacted in Cash

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* ☐ Male ☐ Female
Address	Contact No.*	Occupation*	

Identification Details:	Identification No*	Identification Type* ☐ NRIC ☐ Passport ☐ Others _____ (please specify)
	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 ☐ Others _____ (please specify)
	Country/ Region of Issue*	Expiry Date* (DD/MM/YYYY) *(If applicable)*

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

☐ Family/Relative ☐ Friend ☐ Employee ☐ Agent ☐ Others _____ *(please specify)*

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*	Registration No./Foreign Entity Identification No*	Country/ Region of Registration*
Address	Is the business a dealer in precious stones, precious metals or precious products?* ☐ Yes ☐ No _____ *(please specify the nature of business)*	

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

☐ Employee ☐ Agent ☐ Others _____ *(please specify)*

Part VI Declaration

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* ☐ NRIC ☐ FIN ☐ Passport ☐ 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 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).