

Proposed Fields for CTR Hard Copy Form (PSMD)

Note: These are the information that is intended to be captured in the Cash Transaction Report and is not the actual form itself. The design of the form will be released at a later date. All fields are mandatory.

Field Name	Field Description/ Remarks
Part I - CTR Filer Information	
Name of Reporting Officer	Name as per identification document
Designation	Designation
Telephone No.	Company telephone number or DID
Fax No.	Company fax number
Email	Company email. It can be generic office email.
Name of Reporting Institution	Full name of company
Company/Business Registration No.	Company's registration no.
Address	Company's headquarter operating address
Filer Reference. No.	A reference no. that the company uses to identify the transaction. e.g. receipt number, customer loyalty program number
Part II - Details of Cash Transaction(s)	
No. of Transaction(s)	More than 1 transaction can be entered
Date of Transaction (DD/MM/YYYY)	-
Address/Location where Transaction was made	Branch Address
Amount Transacted	Exact amount
Currency Transacted	Example: SGD, USD, EUR, MYR, RMB, etc.
Currency Movement	<input type="checkbox"/> Receipt <input type="checkbox"/> Payment Check the tick box provided
Description of Commodity Transacted	E.g. Two gold chains, 3 gold bracelets. It should be similar to that appearing on receipts. Guidelines with examples will be provided at a later date
Name of Transacting Officer	Name as per identification document
Transacting Officer Designation	Designation

Part III - Person(s) Making Transaction	
As far as you know, is the person making the cash payment the owner of the funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please proceed to complete Part IV or Part V) Check the tick box provided. Part IV to be completed if the entity is an individual. Part V to be completed if the entity is a corporate (company, business)
Name of Person Transacting	Name as per identification document
Identification No.	-
Identification Type (e.g. NRIC, Passport)	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Driver's licence <input type="checkbox"/> Others _____ Check the tick box provided. "Others" include FIN, employment pass, work permit and other country identification (e.g. foreign social security pass, foreign drivers license).
Country of Issue	Country of issue of identification document
Nationality	-
Date of Birth (DD/MM/YYYY)	-
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female Check the tick box provided.

Occupation	-	
Contact No.	Can be both foreign or local address	
Address	Can be both foreign or local address	
Part IV - Person(s) on Whose Behalf Transaction Was Made (if applicable)		
Name of Person	Name as per identification document	
Identification No.	-	
Identification Type (e.g. NRIC, Passport)	<input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Driver's licence <input type="checkbox"/> Others _____	Check the tick box provided. "Others" include FIN, employment pass, work permit and other country identification (e.g. foreign social security pass, foreign drivers license).
Country of Issue	Country of issue of identification document	
Nationality	-	
Date of Birth (DD/MM/YYYY)	-	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Check the tick box provided.
Occupation	-	
Contact No.	Can be both foreign or local address	
Address	Can be both foreign or local address	
Relationship of the individual named in Part III to the individual named above	<input type="checkbox"/> Family/Relative <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> Agent <input type="checkbox"/> Others	Check the tick box provided. "Others" include business associate.
Part V - Business(es) on Whose Behalf Transaction Was Made (if applicable)		
Name of Business	Name as per registration document	
Business Registration No.	-	
Country of Registration	-	
Address	Can be both foreign or local address	
Is the business a dealer in precious stones and metals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check the tick box provided.
Relationship of the individual named in Part III to the business named above	<input type="checkbox"/> Family/Relative <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> Agent <input type="checkbox"/> Others	Check the tick box provided. "Others" include business associate.
Part VI - Declaration		
I declare that the information provided in this report is true and correct*		
Signature	-	
Date of declaration (DD/MM/YYYY)	-	

** The punishment under the Corruption, Drug Trafficking and Other Serious Crimes (Confiscation of Benefits) Act for failing to give a full and accurate report is a fine not exceeding SGD 20,000 or imprisonment for a term not exceeding 2 years, or to both.*