

**STR Form**

**Form No (7) for Electronic Payment Companies**

Dedicated for AML/CFT use  
Report No:  
Date of Receipt:

Report No  Date: / /

To: AML /CFT Office

Is this report is related to a report of previous suspicious transaction? Yes  No

If the answer is yes, kindly refer to the previous report No

**I / Data related to a person who submitted the report**

**a. Electronic payment service provider**

- 1. Commercial name :..... Company's name:.....
- 2. Registration information with the competent authorities.....
  - a. Registration No:.....b. registration Date:.....
  - b. Company's type:..... Activity's nature:.....
  - c. Nationality :.....
- 3. Name of a bank contracted with:.....
- 4. Name of Reporting official:.....
- 5. Phone NO:.....Email:.....
- 6. Place where the transaction occurred:.....
- 7. Signature ..... Date .....

This information is confidential and limited circulation between the reporting officer and the Anti-Money Laundering and Terrorist Financing Office and may not be disclosed to any non-competent party, including the suspected customer.

Confidential

b. Electronic payment service providers' agents

- 1. Commercial name :.....
- 2. Commercial record type : company  Individual Foundation  other
- 3. Company's name or institution's agent:.....
- 4. Registration information with the competent authorities
  - a. Registration No:.....b. registration date:.....
  - b. Company's type:..... Activity's nature:.....
  - c. Nationality :.....
- 5. Address: province :..... City ..... Block.....  
Street .....Building .....
- 6. Phone No :..... Email:.....
- 7. Attach all personal IDs Documents

**II. A. Data related to normal person concerned with suspicious transaction**

- 1. Full name of client .....
- 2. Mother's name .....
- 3. Gender: Male  Female:
- 4. Marital status: Single  Married
- 5. Occupation .....
- 6. Employer .....
- 7. Politically exposed person: yes  No
- 8. ID No: .....
- 9. ID Type: .....
- 10. Validity: .....
- 11. Work starting date: .....
- 12. ID No..... Type ..... Issuance date .....

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Confidential

- 13. Nationality: ..... resident  Non- resident
- 14. Passport No..... Date of issuance ..... Expiry date .....
- 15. Residence address: province ..... City..... Street No.....  
Building No.....
- 16. Work address: Province .....City..... Street No.....  
Building No..... phone No..... email.....
- 17. The mobile phone number on which the electronic payment service is  
installed.....
- 18. Attach all ID documents

**B. Data related to legal person concerned with suspicious transaction**

- 1. Commercial Name.....
- 2. Founders.....  
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- 3. Commercial record No.....
- 4. Company's Nationality.....
- 5. Number of company's Branches.....
- 6. Activity Type: Industrial  Commercial  Agricultural  Service   
Other  (kindly Mention) .....
- 7. Place of foundation ..... Date of foundation.....
- 8. The number of the electronic portfolio of the legal person .....
- 9. Portfolio's type.....
- 10. Working start date.....

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Confidential

- 11. Phone No..... Fax No.....
- 12. Address: province ..... City..... Street No.....  
Building No.....
- 13. Name of External auditor.....
- 14. Address: province ..... City..... Street No.....  
Building No.....
- 15. The mobile phone number on which the electronic payment service is  
installed.....

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Confidential

Persons Authorized to sign

1. Full name .....
2. Gender: Male  Female:
3. Marital status: Single  Married
4. Politically Exposed Person: Yes  No
5. Phone No..... Email.....
6. ID No..... ID Type..... Issuance Date .....
7. Passport No..... Issuance Date..... Expiry Date.....
8. Residence address: province ..... City..... Street No.....  
Building No.....
9. Attach all ID Documents.

Data of The real beneficiary

1. Full name of client .....
2. Mother's name .....
3. Gender: Male  Female:
4. Marital status: Single  Married
5. Occupation .....
6. Employer .....
7. Politically exposed person: yes  No
8. phone No..... email.....
9. Passport No..... Issuance Date..... Expiry Date.....
10. Residence address: province ..... City..... Street No.....  
Building No.....
11. Attach all ID documents

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III. Suspicious Transaction Details

- 1. Transaction date.....
- 2. Suspicious date .....
- 3. Transaction value.....
- 4. Transaction currency .....
- 5. Transaction Type:

- Opening an account related to electronic payment card
- Cash depositing in an account related to electronic payment card
- Cash withdrawal from the electronic payment card
- An electronic transfer sent by an electronic payment method
- An electronic transfer received by an electronic payment method
- Cash withdrawal from an electronic portfolio
- Other  ( Kindly mention)

6. Payment method /Transfer/ cash deposit:

- Cash Pay off  transfer from external bank
- Credit cards
- Electronic portfolio
- Other  ( Kindly mention)

7. Withdrawal from electronic payment account method

- Cash from by company's branch  Cash from by company's agent
- Cash from by company's Secondary agent
- Cash from ATMs
- Other  ( Kindly mention)

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**IV. Detailed description of reporting reasons**

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**V. Actions taken by the entity**

1. Circumstances surrounding the investigation of the suspicious transaction  
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2. Internal actions taken prior reporting  
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3. Actions taken after reporting  
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VI. / Documents attached to the report

1. Documents that support the report
2. Documents related to the transaction
3. KYC form

Signature of report submitter

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