International Electronic Funds Transfer Report

Send completed form by mail: FINTRAC, Section A, 234 Laurier Avenue West, 24th Floor, Ottawa, Ontario K1P 1H7 or send completed form by fax: 1-866-226-2346

Use this form if you are a reporting person or entity and you have to send an electronic funds transfer (EFT) report to FINTRAC about an incoming or outgoing international EFT. An EFT is the transmission of instructions for a transfer of funds through any electronic, magnetic or optical device, telephone instrument or computer. For more information about which EFTs have to be reported and who is considered a reporting person or entity and for instructions on how to complete this form, see *Guideline 8: Submitting Electronic Funds Transfer Reports to FINTRAC* or call FINTRAC's toll-free enquiries line at 1-866-346-8722.

If you have the capability to report electronically, DO NOT use this paper form. Refer to the reporting section of FINTRAC's Web site — http://www.fintrac.gc.ca

Is this Report	a correction to a Report previously submitted?
	YES • Enter the original Report's Date and Time Date 2 0 0 Time HOUR MINUTE
	 COMPLETE this first page — whether the information has changed or not Provide the new information ONLY for the affected fields in Part A through Part G If removing information from a field, strike a line through the field
REPORTIN	NG DATE 2 0 0 TIME HOUR MINUTE
"where applic	the report marked with an asterisk (*) must be completed. The ones that are also marked cable" must be completed if they are applicable to you <i>or</i> the transaction being reported. Fields, you have to make reasonable efforts to get the information.
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Reporting person or entity identification	
Reporting person or entity's full name	
Whom can FINTRAC contact about this report?	
Contact – Surname	Contact – Given name Contact – Initial/Other
Contact — Phone number (with area code)	Contact – Phone extension number
Is this report about an incoming or outgoing EF	FT?
lse a separate form for each EFT that you have to report.	
OUTGOING EFT (sent outside Canada from within	Canada)
INCOMING EFT (sent to Canada from outside Can	nada)



PART A - Information about the transaction (when the EFT was sent)

1. Time of transaction 2. Date of transaction **
HOUR MINUTE YEAR MONTH DAY
3. Amount of transaction * 4. Currency code * (where applicable) — Enter CAD if Canadian dollars or USD for United States dollars. If another type of currency
is involved, see Appendix 1 in Guideline 3: Submitting Suspicious Transaction Reports to FINTRAC.
5. Exchange Rate
For an OUTGOING EFT , indicate the exchange rate to convert the amount sent from Canadian dollars
or
For an INCOMING EFT , indicate the exchange rate to convert the amount sent into Canadian dollars
PART B — Information about the client ordering the EFT
Name of the client that ordered the payment of the EFT. (If the client is an entity, complete field 1. If it is an individual, complete fields 2, 3 and 4.)
1. Full name of entity *
OT .
Full name of individual 2. Surname *
5. Street address
6. City
7. Province or State 8. Country
9. Postal or Zip code
10. Phone number (with area code)
11. Date of birth (if the client is an individual)
YEAR MONTH DAY
12. Occupation (if the client is an individual)
13. Client's account number * (where applicable)
14. Client's identifier
A Driver's licence B Birth certificate C Provincial health card D Passport
DESCRIPTION (OTHER)
15. Client identifier number

- Information about the individual or entity sending the payment instructions for the EFT Name of the entity or individual sending the payment instructions for the EFT. (If it is an entity, complete field 1. If it is an individual, complete fields 2, 3 and 4.) 1. Full name of entity ** or Full name of individual 2. Surname ** 3. Given name * 4. Other/Initial 5. Street address * 6. City * 8. Country * 7. Province or State * 9. Postal or Zip code * - Information about any third party related to the EFT order (if the client ordering the EFT is acting on behalf of a third party) Name of the third party on whose behalf the EFT was ordered. (If the third party is an entity, complete field 1. If it is an individual, complete fields 2, 3 and 4.) (or Full name of individual 2. Surname 4. Other/Initial 3. Given name 5. Street address 6. City 7. Province or State 8. Country 9. Postal or Zip code 10. Date of birth (if the third party is an individual) 11. Occupation (if the third party is an individual) 12. Third party identifier A Driver's licence **B** Birth certificate C Provincial health card D Passport

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- Information about the individual or entity receiving the payment instructions for the EFT Name of the entity or individual receiving the payment instructions for the EFT. (If it is an entity, complete field 1. If it is an individual, complete fields 2, 3 and 4.) 1. Full name of entity * 1. Full name of entity * or Full name of individual 2. Surname ** 3. Given name * 4. Other/Initial 5. Street address * 6. City * 8. Country * 7. Province or State * 9. Postal or Zip code * PART F — Information about the client to whose benefit payment is made Name of the client to whose benefit EFT is paid. (If the client is an entity, complete field 1. If it is an individual, complete fields 2, 3 and 4.) 1. Full name of entity (or Full name of individual 2. Surname ** 3. Given name * 4. Other/Initial 5. Street address 6. City 7. Province or State 8. Country 9. Postal or Zip code 10. Phone number (with area code) 11. Date of birth (if the client is an individual) YEAR MONTH DAY 12. Occupation (if the client is an individual) 13. Client's account number * (where applicable) 14. Client's identifier AD Driver's licence **B** Birth certificate C Provincial health card **D** Passport

PART G — Information about any third party beneficiary of the EFT payment (if the client to whose benefit the payment is made is acting on behalf of a third party)

Name of the third party on whose behalf the EFT was paid. (If the third party is an entity, complete field 1. If it is an individual, complete fields 2 1. Full name of entity	!, 3 and 4.)
Or	
Full name of individual 2. Surname 3. Given name	4. Other/Initial
5. Street address	
6. City	
7. Province or State 8. Country	
9. Postal or Zip code	
10. Date of birth (if the third party is an individual)	
YEAR MONTH DAY	
11. Occupation (if the third party is an individual)	
12. Third party's identifier	
A Driver's licence B Birth certificate C Provincial health card D Passport	
CED Other Description (OTHER)	