

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

1. Time of transaction 2. Date of transaction *

HOUR MINUTE YEAR MONTH DAY
2 0 0

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 *

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

Driver's licence Birth certificate Provincial health card Passport

Other _____
DESCRIPTION (OTHER)

15. Client identifier number



PART C — 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*

7. Province or State*

8. Country*

9. Postal or Zip code*

PART D — 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.)

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. 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 identifier

A Driver's licence B Birth certificate C Provincial health card D Passport

E Other

DESCRIPTION (OTHER)



PART E — 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*

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*

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

A Driver's licence B Birth certificate C Provincial health card D Passport

E Other

DESCRIPTION (OTHER)



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, 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. 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

E Other

DESCRIPTION (OTHER)