



Suspicious Transaction 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 reason to suspect that a financial transaction is related to money laundering or terrorist activity financing. For more information about who is considered a reporting person or entity and for instructions on how to complete this form, see *Guideline 3: Submitting 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?

NO **YES**

- Enter the original Report's Date and Time
Date Time
- COMPLETE PART A – whether the information has changed or not
- Provide the new information ONLY for the affected fields in Part B through Part H
- If removing information from a field, strike a line through the field

REPORTING DATE **TIME**

All fields of the report marked with an asterisk (*) must be completed. The ones that are also marked "where applicable" must be completed if they are applicable to you or the transaction being reported. For all other fields, you have to make reasonable efforts to get the information.

PART A — Information about where transaction took place

Where did the transaction take place?

1. Reporting person or entity's identifier number* (where applicable)

2. Reporting person or entity's full name*

3. Street address*

4. City*

5. Province* 6. Postal code*

Whom can FINTRAC contact about this report?

7. Contact – Surname* 8. Contact – Given name* 9. Contact – Initial/Other

10. Contact – Phone number (with area code)* 10a. Contact – Phone extension number

11. Which one of the following types of reporting persons or entities best describes you?*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> A Accountant | <input type="checkbox"/> E Casino | <input type="checkbox"/> J Life Insurance Broker or Agent | <input type="checkbox"/> M Provincial Savings Office |
| <input type="checkbox"/> B Bank | <input type="checkbox"/> F Co-op Credit Society | <input type="checkbox"/> K Life Insurance Company | <input type="checkbox"/> N Real Estate Broker or Sales Representative |
| <input type="checkbox"/> C Caisse Populaire | <input type="checkbox"/> G Credit Unions | <input type="checkbox"/> L Money Services Business | <input type="checkbox"/> O Securities Dealer |
| <input type="checkbox"/> D Canada Post | <input type="checkbox"/> H Foreign Exchange Dealer | <input type="checkbox"/> P Trust & Loan Company | |

NOTE: Please copy this page for each additional, related, disposition (per transaction) (if required).

Transaction Disposition of

PART B2 — Information about the transaction disposition(s) (how the transaction was completed, i.e., where the money went)

Indicate whether this transaction was conducted on behalf of anyone other than the individual who conducted it. If not, indicate "not applicable".

On behalf of: not applicable An entity (other than an individual) (also complete PART E) Another Individual (also complete PART F)

12. Disposition of funds*

| | | | |
|---|---|---|---|
| <input type="checkbox"/> A Deposit | <input type="checkbox"/> E Bank draft | <input type="checkbox"/> I Securities | <input type="checkbox"/> K Cash |
| <input type="checkbox"/> B Electronic funds transfer | <input type="checkbox"/> F Money order | <input type="checkbox"/> J Real estate | <input type="checkbox"/> L Other |
| <input type="checkbox"/> C Currency exchange | <input type="checkbox"/> G Traveller's cheques | DESCRIPTION (OTHER) <input type="text"/> | |
| <input type="checkbox"/> D Casino chips | <input type="checkbox"/> H Life insurance policy | POLICY NUMBER <input type="text"/> | |

13. Amount of disposition*

14. Currency code* — 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 Reports to FINTRAC*.

Additional information about the funds described in field 12 above

15. Other institution, entity or person name and number* (where applicable)

16. Other institution, entity or person account number or policy number* (where applicable)



NOTE: Please copy this page for each additional disposition (if applicable).

PART C — Account information, if the transaction involved an account

Disposition Transaction of

Complete this Part ONLY if the transaction involved an account.

1. Branch or transit number* (where applicable)

2. Account number* (where applicable)

3. Type of account* (where applicable)

Personal **Business** **Trust** **Other** DESCRIPTION (OTHER)

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 Reports to FINTRAC*.

5. Full name of each account holder* (where applicable)

6. Date opened

YEAR MONTH DAY

7. Date closed

2 0 0 YEAR MONTH DAY

8. Status of the account at the time the transaction was initiated* (where applicable)

Active **Inactive** **Dormant**



NOTE: Please copy this page for each additional transaction (if applicable).

Transaction of

PART D — Information about individual conducting transaction(s)

1. Surname 2. Given name 3. Other/Initial

4. Client number assigned by reporting person or entity* (where applicable)

5. Street address

6. City

7. Province or State 8. Country

9. Postal or Zip code

10. Country of residence 10A. Citizenship

11. Home phone number (with area code)

12. Individual's identifier

A Driver's licence **B** Birth certificate **C** Provincial health card **D** Passport **E** Record of Landing or Permanent resident card
 F Other DESCRIPTION (OTHER)

13. ID number (from question 12)

14. Place of issue – Province or State 15. Place of issue – Country

16. Individual's date of birth
 YEAR MONTH DAY

17. Individual's occupation

18. Individual's business phone number (with area code) 18A. Phone extension number

19. Individual's employer

20. Employer's street address

21. Employer's city

22. Employer's province or state 23. Employer's country

24. Postal or Zip code

25. Employer's business phone number (with area code) 25A. Phone extension number



NOTE: Please copy this page for each additional disposition (if required).

Transaction Disposition of

PART E — Information about the entity on whose behalf transaction was conducted (where applicable).

1. Name of corporation, trust or other entity

2. Type of business

3. Street address

4. City

5. Province or state

6. Country

7. Postal or Zip code

8. Business phone number (with area code)

8A. Phone extension number

9. Incorporation number

10. Place of issue – Province or State

11. Place of issue – Country

12. Individual(s) authorized with respect to the account (up to three)

A

B

C



NOTE: Please copy this page for each additional disposition (if required).

Transaction Disposition of

PART F — Information about individual on whose behalf transaction was conducted (where applicable).

1. Surname 2. Given name 3. Other/Initial

4. Street address

5. City

6. Province or State 7. Country

8. Postal or Zip code

9. Home phone number (with area code)

10. Office phone number (with area code) 10A. Phone extension number

11. Individual's date of birth
YEAR MONTH DAY

12. Individual's identifier

- A** Driver's licence **B** Birth certificate **C** Provincial health card **D** Passport **E** Record of Landing or Permanent resident card
 F Other
DESCRIPTION (OTHER)

13. ID number (from question 12)

14. Country of residence 14A. Citizenship

15. Place of issue of individual's identifier — Province or State 16. Place of issue of individual's identifier — Country

17. Individual's occupation

18. Individual's employer

19. Employer's street address

20. Employer's city

21. Employer's province or state 22. Employer's country

23. Postal or Zip code

24. Employer's business phone number (with area code) 24A. Phone extension number

25. Relationship of the individual named in Part D to the individual named above (fields 1 to 3)

- A** Accountant **B** Agent **C** Legal counsel **D** Borrower **E** Broker
 F Customer **G** Employee **H** Friend **I** Relative **J** Other
DESCRIPTION (OTHER)



PART G — Description of suspicious activity

1. Please describe clearly and completely the factors or unusual circumstances that led to the suspicion of money laundering or terrorist activity financing.*
Provide as many details as possible to explain what you found suspicious.

PART H — Description of action taken (where applicable)

1. Please describe what action, if any, was or will be taken by you as a result of the suspicious transaction(s).*