

Large Cash Transaction Report

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>

24-hour rule

Is this report about a transaction of **less than \$10,000** that is part of a group of two or more such cash transactions made **within 24 consecutive hours** of each other that **total \$10,000 or more**?

- NO**
Include each large cash transaction in a separate report.
- YES**
Include each transaction that is part of a 24-hour rule group in the same large cash transaction report, unless they were conducted at different locations.

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

Is this Report a correction to a Report previously submitted?

- NO**
- YES**
- Enter the original Report's Date and Time
Date 2 0 0 | MONTH DAY | Time | HOUR MINUTE
 - COMPLETE PART A – whether the information has changed or not
 - Provide the new information **ONLY** for the affected fields in Part B through Part G
 - If removing information from a field, strike a line through the field

REPORTING DATE 2 0 0 | YEAR MONTH DAY | **TIME** | HOUR MINUTE

All fields of the report marked with an asterisk (*) must be completed. The ones that are also marked "if 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 the transaction took place

1. Reporting entity's identifier number* (if applicable)

2. Reporting entity's full name*

Where did the transaction take place?

3. Street address*

4. City*

5. Province*

6. Postal code*

Whom can FINTRAC contact about this report?

6A. Reporting entity report reference number

7. Contact – Surname*

8. Contact – Given name*

9. Contact – Initial/Other

10. Contact – Telephone number (with area code)*

10A. Contact – Telephone extension number

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Credit Union | <input type="checkbox"/> Money Services Business |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Crown Agent (Sells/Redeems Money Orders) | <input type="checkbox"/> Provincial Savings Office |
| <input type="checkbox"/> Caisse Populaire | <input type="checkbox"/> Foreign Exchange Dealer | <input type="checkbox"/> Real Estate Broker or Sales Representative |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Life Insurance Broker or Agent | <input type="checkbox"/> Securities Dealer |
| <input type="checkbox"/> Co-op Credit Society | <input type="checkbox"/> Life Insurance Company | <input type="checkbox"/> Trust & Loan Company |

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

Transaction Disposition of

PART B2 — Information about how the transaction was completed

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 F) another individual (also complete PART G) employee depositing cash to employer's account

8. Disposition of funds *

<input type="checkbox"/> Cash out	<input type="checkbox"/> Outgoing electronic funds transfer	<input type="checkbox"/> Purchase of money order	<input type="checkbox"/> Securities purchase/deposit
<input type="checkbox"/> Conducted currency exchange	<input type="checkbox"/> Purchase of bank draft	<input type="checkbox"/> Purchase of traveller's cheques	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Deposit to an account	<input type="checkbox"/> Purchase of casino chips	<input type="checkbox"/> Real estate purchase/deposit	<small>DESCRIPTION (OTHER)</small>
<input type="checkbox"/> Life insurance policy purchase/deposit	<input type="text"/>		
	<small>POLICY NUMBER</small>		

9. Amount of disposition *

10. Disposition 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 3B: Submitting Suspicious Transaction Reports to FINTRAC by Paper*.

Additional information about the funds described in field 8 above

11. Other institution name and number or other entity or person name * (if applicable)

12. Other entity or person account number or policy number * (if applicable)



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

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

Transaction

Disposition

Complete this Part **ONLY** if the transaction involved an account.

1. Branch or transit number where the account is held* (if this part is applicable)

2. Account number* (if this part is applicable)

3. Type of account* (if this part is applicable)

Personal

Business

Trust

Other

DESCRIPTION (OTHER)

4. Account currency code* (if this part is applicable) — Enter CAD if Canadian dollars or USD for United States dollars. If another type of currency is involved, see Appendix 1 in *Guideline 3B: Submitting Suspicious Transaction Reports to FINTRAC by Paper*.

5. Full name of each account holder (the individual(s) or the entity that hold the account)* (if this part is applicable)

1 _____

2 _____

3 _____



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

Transaction

PART D — Information about the individual conducting the transaction if it is not a deposit into a business account (if applicable)

If the transaction is reportable as one of multiple cash transactions of less than \$10,000 each and, because of this, information for any mandatory fields in this part was not obtained at the time of the transaction (and is not available from your records), you can leave those fields blank.

1. Surname* (if this part is applicable)

2. Given name* (if this part is applicable)

3. Other/Initial

4. Client number assigned by reporting entity* (if applicable and if this part is applicable)

5. Street address* (if this part is applicable)

6. City* (if this part is applicable)

7. Province or State* (if this part is applicable)

8. Country* (if this part is applicable)

9. Postal or Zip code* (if this part is applicable)

10. Country of residence

11. Home telephone number (with area code)

12. Individual's identifier* (if this part is applicable)

- Birth certificate Driver's licence Passport Provincial health card Record of landing / Permanent resident card
 Other

DESCRIPTION (OTHER)

13. ID number (from question 12)* (if this part is applicable)

14. Place of issue – Province or State* (if this part is applicable)

15. Place of issue – Country* (if this part is applicable)

16. Individual's date of birth* (if this part is applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
YEAR	MONTH	DAY

17. Individual's occupation* (if this part is applicable)

18. Individual's business telephone number (with area code)

18A. Telephone extension number



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

Transaction

**PART E — Information about the individual conducting the transaction if it is a deposit into a business account —
other than a night deposit or quick drop (if applicable)**

If the transaction is reportable as one of multiple cash transactions of less than \$10,000 each and, because of this, information for any mandatory fields in this part was not obtained at the time of the transaction (and is not available from your records), you can leave those fields blank.

1. Surname* (if this part is applicable)

2. Given name* (if this part is applicable)

3. Other/Initial



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

Transaction

Disposition

PART F — Information about the entity on whose behalf the transaction was conducted (if applicable)

If the transaction is reportable as one of multiple cash transactions of less than \$10,000 each and, because of this, information for any mandatory fields in this part was not obtained at the time of the transaction (and is not available from your records), you can leave those fields blank.

1. Name of corporation, trust or other entity* (if this part is applicable)

2. Type of business* (if this part is applicable)

3. Street address* (if this part is applicable)

4. City* (if this part is applicable)

5. Province or state* (if this part is applicable)

6. Country* (if this part is applicable)

7. Postal or Zip code* (if this part is applicable)

8. Business telephone number (with area code)

8A. Telephone extension number

9. Incorporation number* (if applicable and if this part is applicable)

10. Place of issue – Province or State* (if applicable and if this part is applicable)

11. Place of issue – Country* (if applicable and if this part is applicable)

12. Individual(s) authorized to bind the entity or act with respect to the account (up to three)

1 _____

2 _____

3 _____



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

Transaction

Disposition

PART G — Information about the individual on whose behalf the transaction was conducted (if applicable)

If the transaction is reportable as one of multiple cash transactions of less than \$10,000 each and, because of this, information for any mandatory fields in this part was not obtained at the time of the transaction (and is not available from your records), you can leave those fields blank.

1. Surname* (if this part is applicable)

2. Given name* (if this part is applicable)

3. Other/Initial

4. Street address* (if this part is applicable)

5. City* (if this part is applicable)

6. Province or State* (if this part is applicable)

7. Country* (if this part is applicable)

8. Postal or Zip code* (if this part is applicable)

9. Home telephone number (with area code)

10. Business telephone number (with area code)

10A. Telephone extension number

11. Individual's date of birth

YEAR	MONTH	DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Individual's identifier

- Birth certificate Driver's licence Passport Provincial health card Record of landing / Permanent resident card
- Other

13. ID number (from question 12)

14. Country of residence

15. Place of issue of individual's identifier – Province or State

16. Place of issue of individual's identifier – Country

17. Individual's occupation

Relationship

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

- Accountant Borrower Customer Friend Relative
- Agent Broker Employee Legal counsel Other

DESCRIPTION (OTHER)