



# International Electronic Funds Transfer Report

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

Use this form if you are a reporting 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 entity and for instructions on how to complete this form, see Guideline 8C: Submitting Electronic Funds Transfer Reports to FINTRAC by Paper or call FINTRAC's toll-free enquiries line at 1-866-346-8722.

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 |       |       | Time       |        
YEAR MONTH DAY 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

**REPORTING DATE** 2 0 0 |       |       | **TIME**       |        
YEAR MONTH DAY 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.

## General information

1. Reporting entity's full name \_\_\_\_\_ 1A. Reporting entity report reference number \_\_\_\_\_

**Whom can FINTRAC contact about this report?**

2. Contact – Surname \_\_\_\_\_ 3. Contact – Given name \_\_\_\_\_ 4. Contact – Initial/Other \_\_\_\_\_

5. Contact – Telephone number (with area code) \_\_\_\_\_ 6. Contact – Telephone extension number \_\_\_\_\_

### Is this report about an incoming or outgoing EFT?

**OUTGOING EFT** (sent outside Canada from within Canada)

or

**INCOMING EFT** (sent to Canada from outside Canada)

### 24-hour rule

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

**NO**

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

Use a separate form for each EFT that you have to report, whether or not the 24-hour rule applies.





## 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

Address of the entity or individual sending the payment instructions

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

Address of the third party related to the EFT order

5. Street address

6. City

7. Province or State

8. Country

9. Postal or Zip code

Additional information about the third party related to the EFT order

10. Date of birth (if the third party is an individual)

11. Occupation (if the third party is an individual)

12. Third party's identifier (if the third party is an individual)

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

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

Address of the entity or individual receiving the payment instructions for the EFT

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

Address of the client to whose benefit EFT is paid

5. Street address

6. City

7. Province or State

8. Country

9. Postal or Zip code

10. Telephone number (with area code)

Additional information about the client to whose benefit EFT is paid

11. Date of birth (if the client is an individual)

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

12. Occupation (if the client is an individual)

13. Client's account number\* (if applicable)

14. Client's identifier (if the client is an individual)

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Address of the third party on whose behalf the EFT was paid**

5. Street address

\_\_\_\_\_

6. City

\_\_\_\_\_

7. Province or State

8. Country

\_\_\_\_\_

\_\_\_\_\_

9. Postal or Zip code

\_\_\_\_\_

**Additional information about the third party on whose behalf the EFT was paid**

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 (if the third party is an individual)

- Birth certificate     Driver's licence     Passport     Provincial health card     Record of landing / Permanent resident card
- Other \_\_\_\_\_  
DESCRIPTION (OTHER)