

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 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 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)

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)



**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)

The information on this form is collected under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (the Act). It will be used for analytical purposes and may also be used for the purposes of ensuring compliance with the Act. Any personal information is protected under the provisions of the *Privacy Act*. For more information, consult <http://www.fintrac-canafe.gc.ca/atip-aiprp/infosource-eng.asp>.