

Large Cash Transaction Report

If you have the capability to report electronically, DO NOT use this paper form.

Refer to FINTRAC's reporting guidance for your sector at: <http://www.fintrac-canafe.gc.ca>.

Use this form if you are a reporting entity and you have to report a large cash transaction to FINTRAC. A large cash transaction is the receipt of an amount of \$10,000 or more in cash in the course of a single transaction. A large cash transaction also includes the receipt of two or more cash amounts of less than \$10,000 made by or on behalf of the same individual or entity within 24 consecutive hours of each other that total \$10,000 or more.

For more information about this or about who is considered a reporting entity and for instructions on how to complete this form, refer to FINTRAC's reporting guidance for your sector 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

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.

Is this Report a correction to a Report previously submitted?

- NO**
- YES**
 - Enter the original Report's Date and Time
Date
YEAR MONTH DAY 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
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?*

- Accountant
- Bank
- British Columbia Notary
- Caisse Populaire
- Casino
- Co-op Credit Society
- Credit Union
- Crown Agent (Sells/Redeems Money Orders)
- Dealer in Precious Metals and Stones
- Life Insurance Broker or Agent
- Life Insurance Company
- Money Services Business
- Provincial Savings Office
- Real Estate
- Securities Dealer
- Trust and/or Loan Company

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

PART B1 — Information about how the transaction was initiated

Transaction of

1. Date of the transaction*

YEAR MONTH DAY

2. Time of the transaction

HOUR MINUTES SECONDS

4. Date of posting (if different from date of transaction)

YEAR MONTH DAY

or

3. Night deposit indicator*

If the transaction was **not** a night drop, leave this box empty.

3A. Quick drop indicator

If the transaction was **not** a quick drop, leave this box empty.

5. Amount of transaction*

6. Transaction currency code* — Enter CAD if Canadian dollars or USD for United States dollars. If another type of currency is involved, refer to FINTRAC's guidance for submitting reports by fax or mail.

7. How was the transaction conducted?*

- | | | |
|--|---|---|
| <input type="checkbox"/> Armoured car | <input type="checkbox"/> In-branch/Office/Store | <input type="checkbox"/> Quick drop |
| <input type="checkbox"/> Automated banking machine | <input type="checkbox"/> Mail deposit | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Courier | <input type="checkbox"/> Night deposit | <input type="checkbox"/> Other <input type="text"/> |
- DESCRIPTION (OTHER)



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

PART B2 — Information about how the transaction was completed

Transaction Disposition of

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
 - another individual (also complete PART G)
 - an entity (other than an individual) (also complete PART F)
 - employee depositing cash to employer's business account

8. Disposition of funds*

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

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, refer to FINTRAC's guidance for submitting reports by fax or mail.

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, refer to FINTRAC's guidance for submitting reports by fax or mail.

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. Jurisdiction of issue – Country* (if applicable)

15. Jurisdiction of issue – Province or state* (if applicable)

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

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).

**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.

Transaction

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 applicable).

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. Jurisdiction of incorporation – Country* (if applicable and if this part is applicable)

11. Jurisdiction of incorporation – Province or state* (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 applicable).

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

12. Individual's identifier

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

Other _____
DESCRIPTION (OTHER)

13. ID number (from question 12) _____ 14. Country of residence _____

15. Jurisdiction of issue – Country _____ 16. Jurisdiction of issue – Province or state _____

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)