

Suspicious 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-canafe.gc.ca>

Use this form if you are a reporting 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 entity and for instructions on how to complete this form, see *Guideline 3B: Submitting Suspicious Transaction 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 _____
YEAR 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 H
- If removing information from a field, strike a line through the field

Transaction status indicator *

COMPLETED

ATTEMPTED

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?*

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

If you are an **employee** of a reporting entity and you are making this report about a suspicious transaction that you did **not** report to your superior, there are special instructions for you to complete several of the fields in this part. Please refer to the instructions for completing a suspicious transaction report in *Guideline 3B: Submitting Suspicious Transaction Reports to FINTRAC by Paper*.

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

Transaction of

PART B1 — Information about how the transaction was initiated

If the transaction being reported was attempted and, because of this, information for any mandatory fields in this part is not available, you can leave those fields blank.

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 deposit, leave this box empty.

5. Detail of funds involved in initiating the transaction*

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Cash in | <input type="checkbox"/> Negotiated bank draft | <input type="checkbox"/> Negotiated securities | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Diamonds | <input type="checkbox"/> Negotiated cheque | <input type="checkbox"/> Negotiated traveller's cheques | <input type="checkbox"/> Redeemed casino chips |
| <input type="checkbox"/> Incoming electronic funds transfer | <input type="checkbox"/> Negotiated life insurance policy | <input type="checkbox"/> Precious metals | <input type="checkbox"/> Withdrawal from account |
| <input type="checkbox"/> Jewellery | <input type="checkbox"/> Negotiated money order | <input type="checkbox"/> Precious stones (excluding diamonds) | <input type="checkbox"/> Other <input type="text"/> |

6. Amount of transaction*

7. Transaction 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 5 above

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

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

10. 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"/> |

11. ID number of the person initially identifying a suspicious transaction



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

If the transaction being reported was attempted and, because of this, information for any mandatory fields in this part is not available, you can leave those fields blank.

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

12. 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 _____ <small>DESCRIPTION (OTHER)</small>
<input type="text"/> <small>POLICY NUMBER</small>			

13. Amount of disposition*

14. 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 12 above

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

16. 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

If the transaction being reported was attempted and, because of this, information for any mandatory fields in this part is not available, you can leave those fields blank.

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)

Business

Personal

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 entity that hold the account)* (if this part is applicable)

1 _____

2 _____

3 _____

6. Date opened

YEAR MONTH DAY

7. Date closed

20 YEAR MONTH DAY

8. Status of the account at the time the transaction was initiated* (if this part is applicable)

Active

Inactive

Dormant



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

Transaction

PART D — Information about the individual conducting the transaction

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

4. Client number assigned by reporting entity* (if applicable)

5. Street address

6. City

7. Province or State 8. Country

9. Postal or Zip code

10. Country of residence 10A. Country of citizenship

11. Home telephone number (with area code)

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. 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 telephone number (with area code) 18A. Telephone extension number

Information about individual's employer

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 telephone number (with area code) 25A. Telephone extension number



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

Transaction

Disposition

PART E — Information about the entity on whose behalf the transaction was conducted (if 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 telephone number (with area code)

8A. Telephone extension number

9. Incorporation number

10. Place of issue – Province or State

11. Place of issue – Country

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 F — Information about the individual on whose behalf the transaction was conducted (if 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 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 _____

14A. Country of 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 _____

Information about individual's employer

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 telephone number (with area code) _____ 24A. Telephone extension number _____

Relationship

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

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

If this report is about one or more transactions that were attempted, also describe why each one was not completed.

PART H — Description of action taken (if applicable)

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

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 the Financial Transactions and Reports Analysis Centre of Canada chapter in the *Sources of Federal Government Information* publication, available on the Government of Canada Info Source Web site (<http://www.infosource.gc.ca>).