



# Suspicious 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 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, 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, 24<sup>th</sup> 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       Time

- 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       TIME

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<br>(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. Refer to FINTRAC's reporting guidance for your sector.



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

**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.

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

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

**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\* — 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 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. Jurisdiction of issue – Country  15. Jurisdiction of issue – Province or state

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).**

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

Transaction  Disposition

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. Jurisdiction of incorporation – Country

\_\_\_\_\_

11. Jurisdiction of incorporation – Province or state

\_\_\_\_\_

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. Jurisdiction of issue – Country

16. Jurisdiction of issue – Province or state

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 <http://www.fintrac-canafe.gc.ca/atip-aiprp/infoSOURCE-eng.asp>.