



Casino Disbursement Report (CDR)

If you have the capability to report electronically, DO NOT use this paper form. Refer to the CDR reporting guidance on [FINTRAC's website](#) for information on how to complete this report.

Use this form if you are a casino and you have to submit a CDR to FINTRAC. All casinos must submit a CDR to FINTRAC if you make a disbursement of \$10,000 (CAD) or more in a single transaction. A CDR must also be submitted to FINTRAC in accordance with the 24-hour rule when you make two or more disbursements that total \$10,000 (CAD) or more within a consecutive 24-hour window, and you know that those disbursements are:

- requested by the same person or entity;
- requested on behalf of the same person or entity;
- received by the same person or entity; or
- received on behalf of the same person or entity.

For more information on reporting in accordance with the 24-hour rule, please refer to FINTRAC's 24-hour rule guidance.

You must also keep a copy of this report for your records.

Please refer to FINTRAC's guidance for your reporting entity sector on [FINTRAC's website](#) or call FINTRAC's toll-free enquiries line at 1-866-346-8722 for any questions. In addition, to ensure that you are providing complete and accurate information when you are filling out this paper report, please consult the CDR validation rules on [FINTRAC's website](#).

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

MINUTES

SECONDS

- COMPLETE the general information section whether the information has changed or not.
- Provide the new information ONLY for the affected fields in the remainder sections of the report.
- If removing information from a field, indicate "DELETE" or strike a line through the field.

REPORTING DATE

YEAR

MONTH

DAY

TIME

HOUR

MINUTES

SECONDS

All fields of the report marked with an asterisk (*) must be completed unless it is not applicable in the circumstance. For all other fields, you must take reasonable measures to obtain the information, and report what is obtained; reasonable measures refer to the steps, described in your policies and procedures, that you take to obtain the applicable information. If the information is obtained then it **must** be reported. **Failure to provide applicable reporting information will result in non-compliance and may lead to criminal or administrative penalties.** To learn more about potential enforcement actions, refer to Penalties for non-compliance on [FINTRAC's website](#).

General information

*Reporting entity report reference number:

Whom can FINTRAC contact about this report?

*Given name:

Extension number:

Report information

Requester	On behalf of requestor	Receiver	On behalf of receiver	Not applicable
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[illegible]

Date

20

YEAR

MONTH

DAY

Time

UTC offset

+

-

HOUR

MINUTES

SECONDS

HOUR

MINUTES

Information about the disbursement

*Date of disbursement:

20

YEAR

MONTH

DAY

*Time of disbursement:

HOUR

MINUTES

SECONDS

UTC offset

+

-

HOUR

MINUTES

*Method of disbursement:

Armoured car	In person	Online	Telephone
Automated banking machine	Mail deposit	Quick drop	Virtual currency ATM
Courier	Night deposit	Self-redemption kiosk	Other (provide description below)

Other description:

*Threshold indicator — Was the amount of disbursement equivalent to or above 10,000 CAD, or below the 10,000 CAD threshold?

Above threshold

Below threshold

*Reporting entity transaction reference number:

Information about where the disbursement was made

*Reporting entity location number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Please copy this page for each additional starting action

Starting action of for disbursement of

Starting action

Provide information about how the disbursement started, including the amount and reason of disbursement, any account or reference number information, and the person or entity that requested the disbursement and, if applicable, on whose behalf the disbursement was requested.

*Reason of disbursement:

Redemption – slot tickets	Payment – bets	Payment – of credit for other than recipient	Cashing of negotiable instruments –
Redemption – chips or tokens	Payment – casino stored value card	Cashing of negotiable instruments –	traveller's cheque
Redemption – plaques	Payment – slot jackpots	bank draft	Reimbursement – entertainment expenses
Front cash withdrawal	(other than slot tickets)	Cashing of negotiable instruments –	Reimbursement – travel expenses
Safekeeping withdrawal	Payment – table jackpot	casino cheque	Other (provide description below)
Advance on credit – counter cheque	Payment – tournament payout	Cashing of negotiable instruments –	
Advance on credit – casino credit account	Payment – draw or prize payout	cheque (other than a casino cheque)	
Advance on credit – marker issued	Payment – of credit for recipient	Cashing of negotiable instruments –	
		money order	

Other description:

*Amount – If the starting action was in funds:

*Currency code – If the starting action was in funds, provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

*Value in Canadian dollars – If the starting action was not in funds:

*Did the starting action involve an account or other equivalent reference number?

Yes (Provide information below on the reference number, account and account holders as applicable)

No (Go to the information about the person or entity requesting the disbursement page)

*Account category:

Non-account based (Reference number)

Casino account

Financial institution account

Reference number information (if applicable)

*Reference number:

Other number related to reference number (if applicable):

Casino account information (if applicable)

*Casino account type:

Advance on credit

Front money

Safekeeping

Other (provide description below)

Other description:

*Account number:

*Account currency code – Provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

Date account opened:

YEAR MONTH DAY

Please copy this page for each additional starting action

Starting action of for disbursement of

Address of casino where the account is held

*Casino identifier number where the account is held:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Financial institution account information (if applicable)

*Account type:

Business

Personal

Trust

Other (provide description below)

Other description:

*Financial institution number:

*Branch number:

*Account number:

*Account currency code – Provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

Date account opened:

YEAR MONTH DAY

Please copy this page for each additional account holder



Starting action

of

for disbursement

of

Account holder(s) – Complete this section if the starting action involved a casino or financial institution account.

Person 1

*Surname:

*Given name:

Other/initial:

Person 2 (if applicable)

*Surname:

*Given name:

Other/initial:

Entity 1

*Name of entity:

Entity 2 (if applicable)

*Name of entity:

Please copy this page for each additional person

Starting action of for disbursement of

Information about the person requesting the disbursement (if applicable)

*Surname:

*Given name:

Other/Initial:

Alias:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

*Date of birth:

YEAR MONTH DAY

Country of residence:

*Occupation:

Name of employer:

Identification information of the person

*Identifier type 1:

Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence	Government issued identification Insurance documents Passport Permanent resident card Provincial health card	Provincial or territorial identity card Record of employment Record of landing Social Insurance Number card Visitor visa	Utility statement Other (provide description below)
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Other description:

*Number associated with identifier type (do not provide social insurance number):

*Jurisdiction of issue (country):

*Jurisdiction of issue (province or state):

*Identifier type 2 — Only complete this section if the dual process method was used to verify the person's identity:

Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence	Government issued identification Insurance documents Passport Permanent resident card Provincial health card	Provincial or territorial identity card Record of employment Record of landing Social Insurance Number card Visitor visa	Utility statement Other (provide description below)
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Other description:

*Number associated with identifier type (do not provide social insurance number):

*Jurisdiction of issue (country):

*Jurisdiction of issue (province or state):

Information about requesting the disbursement online

Type of device used:

Computer/Laptop	Mobile phone	Tablet	Other (provide description below)
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Other description:

Username:

Device identifier number:

Internet protocol (IP) address:

Date of online session in which request was made:

20

YEAR

MONTH

DAY

Time of online session in which request was made:

HOUR

MINUTES

SECONDS

UTC offset

+

-

HOUR

MINUTES

Please copy this page for each additional entity

Starting action of for disbursement of

Information about the entity requesting the disbursement (if applicable)

*Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country

Postal or zip code:

Telephone number (with area code):

Extension number:

*Nature of entity's principal business:

*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Is the entity incorporated or registered?

Incorporated

Registered

Incorporated and registered

Incorporation information

*Incorporation number:

*Jurisdiction of issue (country) of incorporation:

*Jurisdiction of issue (province or state) of incorporation:

Registration information

*Registration number:

*Jurisdiction of issue (country) of registration:

*Jurisdiction of issue (province or state) of registration:

Identification information of the entity

*Identifier type:

Annual report Articles of association	Certificate of corporate status Certificate of incorporation	Letter/Notice of assessment Partnership agreement	Other (provide description below)
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Other description:

*Number associated with identifier type:

*Jurisdiction of issue (country):

*Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or act with respect to the account (up to 3)

Person 1

*Surname:

*Given name:

Other/Initial:

Person 2 (if applicable)

*Surname:

*Given name:

Other/Initial:

Person 3 (if applicable)

*Surname:

*Given name:

Other/Initial:

Information about requesting the disbursement online

Type of device used:

Computer/Laptop	Mobile phone	Tablet	Other (provide description below)
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Other description:

Username:

Device identifier number:

Internet protocol (IP) address:

Date of online session in which request was made:

20		
YEAR	MONTH	DAY

Time of online session in which request was made:

			UTC offset	+		
				-		
HOUR	MINUTES	SECONDS			HOUR	MINUTES

Please copy this page for each additional person

Starting action of for disbursement of

*Was this disbursement requested on behalf of another person or entity?

Yes (Provide information below about the person or entity on whose behalf the disbursement was requested)

No (Go to the completing action page)

Information about the person on whose behalf the disbursement was requested (if applicable)

*Surname:

*Given name:

Other/Initial:

Alias:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Date of birth:

YEAR MONTH DAY

Country of residence:

*Occupation:

Name of employer:

Identification information of the person

Identifier type 1:

Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence	Government issued identification Insurance documents Passport Permanent resident card Provincial health card	Provincial or territorial identity card Record of employment Record of landing Social Insurance Number card Visitor visa	Utility statement Other (provide description below)
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Other description:

Number associated with identifier type (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Identifier type 2 — Only complete this section if the dual process method was used to verify the person's identity:

Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence	Government issued identification Insurance documents Passport Permanent resident card Provincial health card	Provincial or territorial identity card Record of employment Record of landing Social Insurance Number card Visitor visa	Utility statement Other (provide description below)
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Other description:

Number associated with identifier type (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Relationship of the person named above to the person or entity requesting the disbursement

*Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Vendor/Supplier Other (provide description below)
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Other description:

Please copy this page for each additional entity

Starting action of for disbursement of

Information about the entity on whose behalf the disbursement was requested (if applicable)

*Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state::

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

*Nature of entity's principal business:

*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Is the entity incorporated or registered?

Incorporated

Registered

Incorporated and registered

Incorporation information

*Incorporation number:

*Jurisdiction of issue (country) of incorporation:

*Jurisdiction of issue (province or state) of incorporation:

Registration information

*Registration number:

*Jurisdiction of issue (country) of registration:

*Jurisdiction of issue (province or state) of registration:

Identification information of the entity

Identifier type:

Annual report Articles of association	Certificate of corporate status Certificate of incorporation	Letter/Notice of assessment Partnership agreement	Other (provide description below)
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Other description:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or act with respect to the account (up to 3)

Person 1

Surname:

Given name:

Other/Initial:

Person 2 (if applicable)

Surname:

Given name:

Other/Initial:

Person 3 (if applicable)

Surname:

Given name:

Other/Initial:

Relationship of the entity named above to the person or entity requesting the disbursement

*Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Vendor/Supplier Other (provide description below)
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Other description:

Please copy this page for each additional completing action

Completing action of for disbursement of

Completing action

Provide information about how the disbursement was completed, including the type and amount of disbursement, information on any other person or entity that may have been involved in the completing action and, on the person or entity that received the disbursement and, if applicable, on whose behalf the disbursement was received.

*Type of disbursement:

Added to a casino stored value card	Issued a cheque	Sent international funds transfer
Applied to credit card	Paid out in cash	Transferred to another casino
Deposited to an account at a financial institution	Sent domestic funds transfer	Other (provide description below)

Other description:

*Amount — If the disbursement was in funds:

*Currency code — If the disbursement was in funds, provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

*Value in Canadian dollars – If the disbursement was not in funds:

*Did the disbursement involve an account or other equivalent reference number?

Yes (Provide information below on the reference number, account and account holders as applicable)

No (Go to the information about the person or entity involved in the completing action page)

*Account category:

Non-account based (Reference number)	Casino account	Financial institution account
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Reference number information (if applicable)

*Reference number:

Other number related to reference number (if applicable):

Casino account information (if applicable)

*Casino account type:

Advance on credit	Front money	Safekeeping	Other (provide description below)
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Other description:

*Account number:

*Account currency code – Provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

Date account opened:

YEAR MONTH DAY

Please copy this page for each additional completing action

Completing action of for disbursement of

Address of casino where account is held

*Casino identifier number where the account is held:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Financial institution account information (if applicable)

*Account type:

Business

Personal

Trust

Other (provide description below)

Other description:

*Financial institution number:

*Branch number:

*Account number:

*Account currency code – Provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

Date account opened:

YEAR MONTH DAY

Please copy this page for each additional account holder

Completing action of for disbursement of

Account holder(s) – Complete this section if the disbursement involved a casino or financial institution account

Person 1

*Surname:

*Given name:

Other/initial:

Person 2 (if applicable)

*Surname:

*Given name:

Other/initial:

Entity 1

*Name of entity:

Entity 2 (if applicable)

*Name of entity:

Please copy this page for each additional person or entity involved in the completing action

Completing action of for disbursement of

*Was there any other person or entity involved in the completing action? – Other than the person or entity who requested the disbursement, on whose behalf the disbursement was requested, the person or entity receiving the disbursement, or on whose behalf the disbursement was received.

Yes (Provide information on the person or entity involved in the completing action)

No (Go to person or entity receiving the disbursement page. There must always be a minimum of one person or entity receiving the disbursement.)

Information about the person involved in the completing action (if applicable)

*Surname:

*Given name:

Other/Initial:

*Account number:

*Policy number:

*Identifying number – Only complete this field if there is no account number or policy number:

Information about the entity involved in the completing action (if applicable)

*Name of entity:

*Account number:

*Policy number:

*Identifying number – Only complete this field if there is no account number or policy number:

Please copy this page for each additional person

Completing action of for disbursement of

Information about the person receiving the disbursement (if applicable)

*Surname:

*Given name:

Other/Initial:

Alias:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Online username:

Date of birth:

YEAR MONTH DAY

Country of residence:

Occupation:

Name of employer:

Identification information of the person

Identifier type 1:

Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence	Government issued identification Insurance documents Passport Permanent resident card Provincial health card	Provincial or territorial identity card Record of employment Record of landing Social Insurance Number card Visitor visa	Utility statement Other (provide description below)
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Other description:

Number associated with identifier type (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Identifier type 2 — Only complete this section if the dual process was used to verify the person's identity:

Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence	Government issued identification Insurance documents Passport Permanent resident card Provincial health card	Provincial or territorial identity card Record of employment Record of landing Social Insurance Number card Visitor visa	Utility statement Other (provide description below)
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Other description:

Number associated with identifier type (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Relationship of the person named above to the person or entity requesting the disbursement

*Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Self Vendor/Supplier Other (provide description below)
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Other description:

Relationship of the person named above to the person or entity on whose behalf the disbursement was requested

Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Vendor/Supplier Other (provide description below)
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Other description:

Please copy this page for each additional entity

Completing action of for disbursement of

Information about the entity receiving the disbursement (if applicable)

*Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Online username:

Nature of entity's principal business:

*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Is the entity incorporated or registered?

Incorporated

Registered

Incorporated and registered

Incorporation information

Incorporation number:

Jurisdiction of issue (country) of incorporation:

Jurisdiction of issue (province or state) of incorporation:

Registration information

Registration number:

Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

Identification information of the entity

Identifier type:

Articles of association Annual report	Certificate of corporate status Certificate of incorporation	Letter/Notice of assessment Partnership agreement	Other (provide description below)
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Other description:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or act with respect to the account (up to 3)

Person 1

Surname:

Given name:

Other/Initial:

Person 2 (if applicable)

Surname:

Given name:

Other/Initial:

Person 3 (if applicable)

Surname:

Given name:

Other/Initial:

Relationship of the entity named above to the person or entity requesting the disbursement

*Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Self Vendor/Supplier Other (provide description below)
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Other description:

Relationship of the entity named above to the person or entity on whose behalf the disbursement was requested

Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Vendor/Supplier Other (provide description below)
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Other description:

Please copy this page for each additional person

Completing action of for disbursement of

*Was this disbursement received on behalf of another person or entity?

Yes (Provide information about the person or entity on whose behalf the disbursement was received)

No (No further information is required)

Information about the person on whose behalf the disbursement was received (if applicable)

*Surname:

*Given name:

Other/Initial:

Alias:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Online username:

Date of birth:

YEAR MONTH DAY

Country of residence:

Occupation:

Name of employer:

Identification information of the person

Identifier type 1:

Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence	Government issued identification Insurance documents Passport Permanent resident card Provincial health card	Provincial or territorial identity card Record of employment Record of landing Social Insurance Number card Visitor visa	Utility statement Other (provide description below)
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Other description:

Number associated with identifier type (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Identifier type 2 — Only complete this section if the dual process was used to verify the person's identity:

Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence	Government issued identification Insurance documents Passport Permanent resident card Provincial health card	Provincial or territorial identity card Record of employment Record of landing Social Insurance Number card Visitor visa	Utility statement Other (provide description below)
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Other description:

Number associated with identifier type (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Relationship of the person named above to the person or entity receiving the disbursement

*Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Vendor/Supplier Other (provide description below)
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Other description:

Relationship of the person named above to the person or entity requesting the disbursement

Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Self Vendor/Supplier Other (provide description below)
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Other description:

Please copy this page for each additional entity

Completing action of for disbursement of

Information about the entity on whose behalf the disbursement was received (if applicable)

*Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Online username:

Nature of entity's principal business:

*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Is the entity incorporated or registered?

Incorporated

Registered

Incorporated and registered

Incorporation information

Incorporation number:

Jurisdiction of issue (country) of incorporation:

Jurisdiction of issue (province or state) of incorporation:

Registration information

Registration number:

Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

Identification information of the entity

Identifier type:

Articles of association Annual report	Certificate of corporate status Certificate of incorporation	Letter/Notice of assessment Partnership agreement	Other (provide description below)
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Other description:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or act with respect to the account (up to 3)

Person 1

Surname:

Given name:

Other/Initial:

Person 2 (if applicable)

Surname:

Given name:

Other/Initial:

Person 3 (if applicable)

Surname:

Given name:

Other/Initial:

Relationship of the entity named above to the person or entity receiving the disbursement

*Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Vendor/Supplier Other (provide description below)
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Other description:

Relationship of the entity named above to the person or entity requesting the disbursement

Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Self Vendor/Supplier Other (provide description below)
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Other description:

The information on this form is collected under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act (the Act). The Act sets out FINTRAC's legal authorities regarding the receipt, collection, use, disclosure, and disposition of the personal information under its control. The information will be used for analytical purposes and may also be used for the purposes of ensuring compliance with the Act. Any personal information is also protected under the provisions of the Privacy Act. Each report received by FINTRAC under paragraph 54(1)(a) of the Act and all information received under paragraph 54(1)(a) or (b) must be retained for 10 years beginning on the day on which the report is received or information is received or collected. Fifteen years after the day on which a report is received, any identifying information contained in the report must be destroyed, if the information contained in the report was not disclosed under sections 55(3), 55.1(1), or 56.1(1) or (2) of the PCMLTFA. The information will be stored in FINTRAC's Institution-Specific Personal Information Bank – "Financial Analysis and Disclosures" (PPU 020). For more information, consult [FINTRAC's website](#).