

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

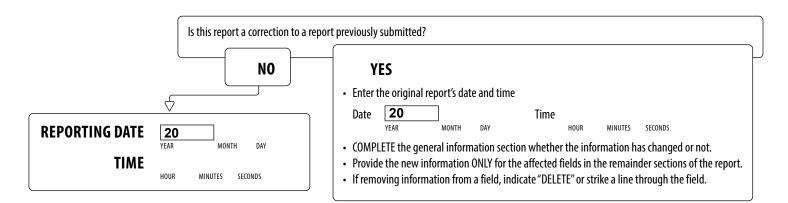
Use this form if you are a reporting entity and you have to submit electronic funds transfer (EFT) reports to FINTRAC when you initiate an international electronic funds transfer of \$10,000 (CAD) or more in a single transaction at the request of a person or entity. An EFT must also be submitted to FINTRAC in accordance with the 24-hour rule when you initiate two or more international funds transfers that total \$10,000 (CAD) or more within a consecutive 24-hour window, and you know that those transactions are:

- requested by the same person or entity;
- requested on behalf of the same person or entity; or
- are for the same beneficiary (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 <u>FINTRAC's website</u> 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 EFT validation rules on <u>FINTRAC's website</u>.

Send completed form by mail:FINTRAC, Section A, 234 Laurier Avenue West, 24th Floor, Ottawa, OntarioK1P 1H7or send completed form by fax:1-866-226-2346



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 <u>FINTRAC's website</u>.



*Reporting entity number:

[‡]Reporting entity report reference number:

Which one of the following types of reporting entities best describes you?

*Activity sector:

Accountant Bank British Columbia notary Caisse populaire	Co-op credit society Credit union Credit union central Crown agent Doalor in procious motals and stonor	Financial services cooperative Foreign money services business Life insurance broker or agent Life insurance company Money corvices business	Provincial savings office Real estate Securities dealer Trust and/or Ioan company
Casino	Dealer in precious metals and stones	Money services business	

Whom can FINTRAC contact about this report?

[†] Surname:		†Given name:		
Other/initial:				
[†] Telephone number:	Extension:			
Email address:				
Report information				
*EFT direction:				
Initiation	Final receipt			
[‡] Aggregation type:				
Beneficiary	On behalf of (i.e. 3 rd party)	Requester	Not applicable	
[‡] 24-hour period start:		⁺ 24-hour period end:		
Date 20	AY	Date 20 YEAR MONTH DAY		
-	UTC offset +	UTC offs	et +	

Ministerial Directive — You must consider all requirements issued under a Ministerial directive along with your large cash transaction reporting requirements. For more information, please see the guidance on Ministerial directives and transaction restrictions on <u>FINTRAC's website</u>.

HOUR

SECONDS

MINUTES

HOUR

MINUTES

Time

MINUTES

HOUR

If this report is related to a Ministerial Directive, please check the corresponding box.

SECONDS

MINUTES

IR2020

Time

HOUR

Information about the transaction *EFT type: Swift Non Swift *Date of transaction: *Time of transaction: UTC offset + 20 HOUR MINUTES HOUR MINUTES SECONDS YEAR MONTH DAY *Amount: *Currency type: Exchange rate: ⁺Threshold indicator — Was the amount received equivalent to or above 10,000 CAD, or below the 10,000 CAD threshold? **Below threshold** Above threshold [‡]Reporting entity transaction reference number: [‡]Have you applied a regulatory exception to this transaction? Yes No For money services business and foreign money services business only: Note: Complete this section if you selected initiation as the direction of this report Question 1 [†]As the initiator of this transaction, are you also the final receiver for this transaction? Yes No Question 2 [†]Are the funds finally received within your business? Yes No [†](If yes to questions 1 and 2) What is the requester's residential status? In Canada Outside Canada [†](If yes to questions 1 and 2) What is the beneficiary's residential status? In Canada Outside Canada Question 3 [†]Is the requester moving funds into or out of Canada? Into Canada Out of Canada Both

Source of funds involved at initiation

*Was information about the source (person / entity) of funds obtained?

Yes	No (go to the next page)	
How were the funds obtained?		
Information on the source of funds (Perso	n)	
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 on the source of funds (Entity	()	
Name of entity:		Account number:
Policy number:		Identifying number (Only complete this field if there is no account number or policy number):

Information about the person that requests the initiation of the EFT (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: Extension: Email address: [†]Date of birth: YEAR MONTH DAY

[†]Occupation:

Name of employer:

Identification information of the person

[†]Identifier type 1:

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

[†]Other description:

[†]Number associated with identifier type:

[†]Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Jurisdiction of issue (province or state):

[†]Branch number:

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

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

[†]Other description:

[†]Number associated with identifier type:

[†]Jurisdiction of issue (country):

Account or Reference information

[†] Reference number:	Other number related to reference number:

[†]Financial institution number:

[†]Account number:

[†]Account type:

Business	Casino	Personal	Trust	Other (provide description below)

[†]If 'Other', please specify:

[†]Account currency:

Date account opened:

YEAR MONTH DAY

Account holder 1 (Person – if applicable)

[†] Surname:	†Given name:

Other/Initial:

Account holder 2 (Person – if applicable)

[†]Surname: [†]Given name:

Other/Initial:

Account holder 1 (Entity – if applicable)

[†]Name of entity:

Account holder 2 (Entity – if applicable)

[†]Name of entity:

Information about requesting the transaction online

Type of device used:

YEAR

Computer/Laptop	Mobile phone	Tablet		Other (provide description below)
[†] If 'Other', please specify:				
Username:		Device identifier num	per:	
Internet protocol address:				
Date of online session in which request was made:	Time of online session in which request was made:			

HOUR

MINUTES

MONTH

DAY

HOUR

MINUTES SECONDS

Information about the entity that requests the initiation of the EFT (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:	Extension:			
[†] Nature of entity's principal business:				
[‡] Do you have incorporation or registration information?				
Yes (Provide incorporation and/or registration inform	ation below)	No (Go to identification information of the entity section)		
Incorporated or registered?				
Incorporated	Registered	Incorporated and registered		
Incorporation information of the entity				
[†] Incorporation number:		[†] Jurisdiction of issue (country) of incorporation:		
Jurisdiction of issue (province or state) of incorporation:				
Registration information of the entity				
[†] Registration number:		[†] Jurisdiction of issue (country) of registration:		

Jurisdiction of issue (province or state) of registration:

Requester	of	of Transaction	of	
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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)
†lf 'Other', please specify:			
[†] Number associated with identifier type:			
[†] Jurisdiction of issue (country):		Jurisdiction of issue (province or state) (name):	
Person(s) authorized to bind the entit	ty 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:			

				Requester	of	of Transaction	of
Account or Reference information							
[†] Reference number:			Other number	related to reference number	:		
[†] Financial institution number:			[†] Branch numb	er:			
[†] Account number:							
[†] Account type:							
Business	Casino	Personal		Trust		Other (provide descri	ption below)
[†] If 'Other', please specify:							
[†] Account currency:							
Date account opened:							
YEAR MONTH DAY							
Information on the account holder							
Person 1 (if applicable)							
[†] Surname:			[†] Given name:				
Other/Initial:							
Person 2 (if applicable)							
[†] Surname:			[†] Given name:				
Other/Initial:							
Entity 1 (if applicable)							
[†] Name of entity:							
Entity 2 (if applicable)							
[†] Name of entity:							

Information about requesting the transaction online

Type of device used:

туре	of device used.			
	Computer/Laptop	Mobile phone	Tablet	Other (provide description below)
	[†] If 'Other', please specify:			
Userr	name:		Device identifier number:	

Internet protocol address:

Date of online session in which request was made:

Time of online session in which request was made:

YEAR	MONTH	DAY	

		UTC offset	+		
HOUR	MINUTES SECONDS		- HOUR	MINUTES	

Information on the account holder (if different from the requester)

[‡]Were the funds withdrawn from an account not held by the requester?

Yes No

Information on the person who holds t	he account (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:	Extension:	
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 (SIN) card Travel visa	Utility statement Other
[†] If 'Other', please specify:			
[†] Number associated with identifier type:			

[†]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	Government issued identification Insurance documents Passport	Provincial or territorial identity card Record of employment Record of landing	Utility statement Other
Credit file Driver's licence	Passport Permanent resident card Provincial health card	social Insurance Number (SIN) card Travel visa	

[†]If 'Other', please specify:

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

[†]Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Relationship of the account holder above to the requester

[†]Relationship:

Accountant Agent Authorized signatory Borrower	Broker Customer Employee Employee	Friend Joint/Secondary owner Legal counsel Power of attorney	Relative Vendor / Supplier Other	
Borrower	Employer	Power of attorney		

[†]If 'Other,' please specify

Information on the entity who holds the account (if applicable) [†]Name of entity: Client number: House/Building number: Apt/Room/Suite/Unit number: [†]Street address: [†]City: District: Sub-province and/or sub-locality: Province or state: Postal or zip code: [†]Country: Telephone number: Extension: 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) Incorporated or registered? Incorporated Registered Incorporated and registered Unknown Incorporation information of the entity [†]Incorporation number: [†]Jurisdiction of issue (country) of incorporation: Jurisdiction of issue (province or state) of incorporation: **Registration information of the entity** [†]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)
†If 'Other', please specify:			
[†] Number associated with identifier type:			
[†] Jurisdiction of issue (country):		Jurisdiction of issue (province or state):	
Person(s) authorized to bind the entity or a	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 account holder above t	o the requester		
[†] Relationship:			

Accountant	Broker	Friend	Relative
Agent	Customer	Joint/Secondary owner	Vendor/Supplier
Authorized signatory	Employee	Legal counsel	Other
Borrower	Employer	Power of attorney	

*If 'Other,' please specify

On behalf of indicator

[‡]Was the initiation of the EFT requested on behalf of another person or entity?

Yes	No	
Information about the person o	n whose behalf the transaction was co	nducte
[†] Surname:		
Other/Initial:		
Client number:		
House/Building number:	Apt/Room/Suite/Unit number:	
Street address:		
City:		
Province or state:		
Country:		
Telephone number (with area code):	Extension number:	
Email address:		
Date of birth:	1	

YEAR	MONTH	DAY	
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Country of residence:

Occupation:

Name of employer:

Identification information of the person

Identifier type 1:

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

[†]Other description:

Number associated with identifier type:

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	Government issued identification Insurance documents Passport Permanent resident card	Provincial or territorial identity card Record of employment Record of landing Social Insurance Number (SIN) card	Utility statement Other
Driver's licence	Provincial health card	Travel visa	

[†]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 requester

[†]Relationship:

Accountant	Broker	Friend	Relative
Agent	Customer	Joint/Secondary owner	Vendor/Supplier
Authorized signatory	Employee	Legal counsel	Other
Borrower	Employer	Power of attorney	Uner

[†]If 'Other,' please specify

Information about the entity on whose behalf the transaction was conducted (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: Email address: Extension: [†]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) Incorporated or registered? Incorporated Registered Incorporated and registered Incorporation information of the entity Incorporation number: Jurisdiction of issue (country) of incorporation: Jurisdiction of issue (province or state) of incorporation: **Registration information of the entity** Registration number: Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

Third Party	of	of Transaction	of	
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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)
Other description:			
Number associated with identifier type:			
lurisdiction 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	o the requester		
Relationship:			

Accountant	Broker	Friend	Relative
Agent	Customer	Joint/Secondary owner	Vendor / Supplier
Authorized signatory	Employee	Legal counsel	Other
Borrower	Employer	Power of attorney	

Other description:

Information on the person that initiates the electronic funds transfer (if applicable) [†]Surname: [†]Given name: Other/Initial: [†]Bank identification code or business entity identifier: Identification number assigned to person in respect of their EFT activities: [†]Reporting entity location number: House/Building number: Apt/Room/Suite/Unit number: [†]Street address: [†]City: District: [†]Country: Province or state: Sub-province and/or sub-locality: Postal or zip code: Information on the entity (if applicable) [†]Name of entity: [†]Bank identification code or business entity identifier: [†]Reporting entity location number: Identification number assigned to entity in respect of their EFT activities: House/Building number:

Apt/Room/Suite/Unit number:

[†]Street address:

[†]City: District: [†]Country: Province or state:

Sub-province and/or sub-locality:

Postal or zip code:

			Sender	of	of Transaction	of
[‡] Are there additional parties sending this electronic funds	transfer?					
Yes	No					
Information about the person sending	an electronic funds transfer that was init	iated by anot	her person or ei	ntity (if app	licable)	
[†] Surname:		[†] Given name:				
Other/Initial:		[†] Bank identification	code or business entit	y identifier:		
Identification number assigned to person in respect of their	EFT activities:					
House/Building number:	Apt/Room/Suite/Unit number:					
†Street address:						
†City:		District:				
Province or state:		Sub-province and/o	r sub-locality:			
[†] Country:		Postal or zip code:				

Information about the entity sending an electronic funds transfer that was initiated by another person or entity (if applicable)

[†] Name of entity:		[†] Bank identification code or business entity identifier:
Identification number assigned to the entity in respect of th	eir EFT activities:	
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:

Relationship of person or entity named above to person or entity that initiates EFT

Relationship:

Creditors agent Intermediary agent 1 0 Debtors agent Intermediary agent 2 P	Intermediary Institution Ordering institution Previous instructing agent 1 Previous instructing agent 2	Previous instructing agent 3 Receiving institution Sending institution Other
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[†]If 'Other,' please specify

Relationship of person or entity named above to person or entity that finally receives or is to finally receive EFT

Relationship:

Beneficiary institution	Instructing agent	Intermediary Institution	Previous instructing agent 3
Creditors agent	Intermediary agent 1	Ordering institution	Receiving institution
Debtors agent	Intermediary agent 2	Previous instructing agent 1	Sending institution
Instructed agent	Intermediary agent 3	Previous instructing agent 2	Other

[†]If 'Other,' please specify

Information about the person who finally receives or is to finally receive the EFT (if applicable)

†Surname:		[†] Given name:
Other/Initial:		[†] Bank identification code or business entity identifier:
Identification number assigned to person in respect of their EFT activities:		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:

Information about the entity who finally receives or is to finally receive the EFT (if applicable)

[†] Name of entity:		[†] Bank identification code or business entity identifier:
Identification number assigned to entity in respect of their E	FT activities:	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:

Information on the disposition of funds

Details of disposition:

Added to virtual currency wallet Cash out Cash withdrawal (account based) Denomination exchange Deposit to account Exchange to fiat currency Exchange to virtual currency	Holding funds Investment product purchase or deposit Issued cheque Life insurance policy purchase or deposit Outgoing domestic funds transfer Outgoing email money transfer Outgoing international funds transfer	Outgoing mobile money transfer Outgoing virtual currency transfer Payment to account Purchase of / Payment for goods Purchase of / Payment for services Purchase of bank draft Purchase of casino product	Purchase of money order Purchase of precious metals Purchase of prepaid payment product/card Real estate purchase or deposit Other
[†] If 'Other', please specify:			
Amount:		Currency type:	
/irtual currency type:			
ixchange rate:		Value in Canadian dollars:	
Was there any other person or entity involved in the di	sposition?		
Yes	No)	
nformation on the person (if applicable)	1		
urname:		Given name:	
Other/Initial:		Account number:	
Policy number:		Identifying number:	
nformation on the entity (if applicable)			
lame of entity:		Account number:	
Policy number:		Identifying number:	

Information about the person beneficiary (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:	Extension:	
Email address:		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	Government issued identification Insurance documents	Provincial or territorial identity card Record of employment	Utility statement Other
Citizenship card	Passport	Record of landing	other
Credit file	Permanent resident card	Social Insurance Number (SIN) card	
Driver's licence	Provincial health card	Travel visa	

[†]If 'Other', please specify:

Number associated with identifier type:

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:

1	() () () () () () () () () ()				
	Birth certificate	Government issued identification	Provincial or territorial identity card	Utility statement	
	Certificate of Indian Status	Insurance documents	Record of employment	Other	
	Citizenship card	Passport	Record of landing		
	Credit file	Permanent resident card	Social Insurance Number (SIN) card		
	Driver's licence	Provincial health card	Travel visa		

[†]If 'Other', please specify:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

				Beneficiary	of	of Transaction	of
Account / Reference informat	ion						
[†] Reference number:			Other number r	elated to reference numb	er:		
Financial institution number:			Branch number	:			
[†] Account number:							
Account type:							
Business	Casino	Personal		Trust		Other (provide des	cription below)
[†] If 'Other', please specify:							
Account currency:							
Date account opened:							
YEAR MONTH DAY							
Account holder 1							
Surname:			Given name:				
Other/Initial:							
Account holder 2 (if applicabl	e)						
Surname:			Given name:				
Other/Initial:							

Beneficiary of of Transaction of

Information about the entity beneficiary (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:	Extension:	Email address:		
Username:				
Nature of entity's principal business:				
[‡] Do you have incorporation or registration information?				
Yes		No		
Incorporated or registered?				
Incorporated	Registered	Incorporated and registered	Unknown	
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:

Beneficiary	of	of Transaction	of	
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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)
[†] If 'Other', please specify:			
Number associated with identifier type:			
Jurisdiction of issue (country):		Jurisdiction of issue (province or state):	
Person(s) authorized to bind the enti	ity 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:			

		Beneficiary	of	of Transaction	of
Account / Reference information					
[†] Reference number:	Other numbe	r related to reference numbe	:		
Financial institution number:	Branch numb	er:			
[†] Account number:					
Account type:					
Business Casino Persona	al	Trust		Other (provide desc	ription below)

[†]If 'Other', please specify:

Account currency:

Date account opened:

YEAR	MONTH	DAY	

Account holder

Name of entity:

 ‡ Is there a third party beneficiary for the EFT payment?

No

Yes

)	
Information on the person third party	beneficiary for the EFT payment (if appli	icable)
Surname:		Given name:
Other/Initial:		
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:
Date of birth: YEAR MONTH DAY		

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 (SIN) card Travel visa	Utility statement Other (provide description below)
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[†]If 'Other', please specify:

Number associated with identifier type:

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	Government issued identification Insurance documents Passport	Provincial or territorial identity card Record of employment Record of landing	Utility statement Other (provide description below)
Credit file Driver's licence	Permanent resident card Provincial health card	Social Insurance Number (SIN) card Travel visa	
Driver's licence	r iovincial nearch caru		

[†]If 'Other', please specify:

Number associated with identifier type:

Information on the entity third party beneficiary for the EFT payment (if applicable) Name of entity: 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: 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) Incorporated or registered? Incorporated Incorporated and registered Registered Incorporation information of the entity Incorporation number: Jurisdiction of issue (country) of incorporation: Jurisdiction of issue (province or state) of incorporation: **Registration information of the entity**

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

[†]If 'Other', please specify:

Number associated with identifier type:

Relationship of the third party named above to the beneficiary

Relationship:

Accountant Agent Authorized signatory Borrower	Broker Customer Employee Employer	Friend Joint/Secondary owner Legal counsel Power of attorney	Relative Vendor / Supplier Other	
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[†]If 'Other,' please specify

Legend

* Indicates a mandatory field

[†] Indicates a mandatory if applicable field [‡] Indicates a mandatory for processing field