

Electronic Funds Transfer (EFT) Report — Initiation

If you have the capability to report electronically, DO NOT use this paper form. Refer to the EFTR reporting guidance on <u>FINTRAC's website</u> 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;

Send completed form by mail:

- 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>.

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 Time REPORTING DATE MINUTES 20 MONTH DAY • COMPLETE the general information section whether the information has changed or not. TIME Provide the new information ONLY for the affected fields in the remainder sections of the report. HOUR MINUTES SECONDS If removing information from a field, indicate "DELETE" or strike a line through the field.

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 number:

‡Reporting entity report reference number:

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

*Activity sector:

Accountant Co-op credit society
Bank Credit union
British Columbia notary Credit union central
Caisse populaire Crown agent

Dealer in precious metals and stones

Financial services cooperative Foreign money services business Life insurance broker or agent Life insurance company Money services business Provincial savings office Real estate Securities dealer

Trust and/or loan company

Whom can FINTRAC contact about this report?

†Surname:

†Given name:

Other/initial:

 $^{\dagger}\text{Telephone}$ number (with area code):

Extension:

Email address:

Report information

‡EFT direction:

Initiation Final receipt

[‡]Aggregation type:

Beneficiary On behalf of (i.e. 3rd party)

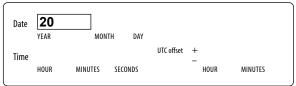
Requester

Not applicable

‡24-hour period start:



[‡]24-hour period end:



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 FINTRAC's website.

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

IR2020

Transaction

of

(Copy this page for each transaction under the 24-hour rule)

Information about the transaction

| Swift | Non Swift |
|---|---|
| Date of transaction: | *Time of transaction: |
| 20 | UTC offset + |
| YEAR MONTH DAY | HOUR MINUTES SECONDS HOUR MINUTES |
| Amount: | |
| Currency type: | Exchange rate: |
| nreshold indicator — Was the amou | unt received equivalent to or above 10,000 CAD, or below the 10,000 CAD threshold? |
| Above threshold | Below threshold |
| Reporting entity transaction referenc Have you applied a regulatory excepti | |
| | |
| Yes | No Sand foreign money services business only |
| or money services business lote: Complete this section if you uestion 1 | No s and foreign money services business only: u selected initiation as the direction of this report re you also the final receiver for this transaction? |
| or money services business lote: Complete this section if you uestion 1 | s and foreign money services business only: u selected initiation as the direction of this report |
| or money services business lote: Complete this section if you uestion 1 As the initiator of this transaction, are | s and foreign money services business only: u selected initiation as the direction of this report re you also the final receiver for this transaction? |
| or money services business ote: Complete this section if you uestion 1 us the initiator of this transaction, are Yes uestion 2 | s and foreign money services business only: u selected initiation as the direction of this report re you also the final receiver for this transaction? |
| or money services business of the complete this section if you westion 1 As the initiator of this transaction, are Yes westion 2 Are the funds finally received within you | s and foreign money services business only: u selected initiation as the direction of this report re you also the final receiver for this transaction? No your business? |
| or money services business iote: Complete this section if you uestion 1 As the initiator of this transaction, are Yes uestion 2 Are the funds finally received within y | s and foreign money services business only: u selected initiation as the direction of this report re you also the final receiver for this transaction? No your business? |
| or money services business tote: Complete this section if you westion 1 As the initiator of this transaction, are Yes Westion 2 Are the funds finally received within you westion 2 Yes | s and foreign money services business only: u selected initiation as the direction of this report re you also the final receiver for this transaction? No your business? No he requester's residential status? Outside Canada |
| or money services business iote: Complete this section if you uestion 1 As the initiator of this transaction, are Yes uestion 2 Are the funds finally received within y Yes If yes to questions 1 and 2) What is the | s and foreign money services business only: u selected initiation as the direction of this report re you also the final receiver for this transaction? No your business? No he requester's residential status? Outside Canada |
| or money services business tote: Complete this section if you westion 1 As the initiator of this transaction, are Yes Westion 2 Are the funds finally received within you westion 2 If yes to questions 1 and 2) What is the lin Canada | so and foreign money services business only: If you also the final receiver for this transaction? No No your business? No he requester's residential status? Outside Canada the beneficiary's residential status? Outside Canada |

Transaction

of

(Copy this page for each transaction under the 24-hour rule)

Source of funds involved at initiation

| *Was information about the source (person / entity) of fund | s obtained? | |
|---|--------------------------|---|
| Yes | No (go to the next page) | |
| How were the funds obtained? | | |
| Information on the source of funds (Person) | | |
| 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): |

| Requester | of | of Transaction | of | |
|-----------|----|----------------|----|--|
|-----------|----|----------------|----|--|

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 (with area code): Extension: | |
| Email address: | |
| †Date of birth: | |
| | |
| YEAR MONTH DAY | |
| Country of residence: | |
| †Occupation: | |
| Name of employer: | |

| Requester | of | of Transaction | of | |
|-----------|----|----------------|----|--|
|-----------|----|----------------|----|--|

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)

†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 (SIN) card Travel visa

Utility statement

Other (provide description below)

†Other description:

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

†Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Account or Reference information

†Reference number:

Other number related to reference number:

†Financial institution number:

†Branch 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

| Requester | of | of Transaction | of | |
|-----------|----|----------------|----|--|
| | | | | |

| 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 transa | ction online | | |
| Type of device used: | | | |
| Computer/Laptop | Mobile phone | Tablet | Other (provide description below) |
| †If 'Other', please specify: | | | |
| Username: | | Device identifier number: | |
| Internet protocol address: | | | |
| Date of online session in which request was made: | Time of online session in which request was made: | | |
| | UTC offset + | | |
| YEAR MONTH DAY | HOUR MINUTES SECONDS HO | DUR MINUTES | |

Requester of of Transaction of

| 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 (with area code): | Extension: | | | |
| †Nature of entity's principal business: | | | | |
| [‡] Do you have incorporation or registration inform | nation? | | | |
| Yes (Provide incorporation and/or registra | tion information below) | No (Go to identification information of the entity section) | | |
| Incorporated or registered? | | | | |
| Incorporated | Registered | Incorporated and registered | | |
| Incorporation information of the en | tity | | | |
| †Incorporation number: | | †Jurisdiction of issue (country) of incorporation: | | |
| Jurisdiction of issue (province or state) of incorpo | oration: | | | |
| Deutsmater today of the co | ··· | | | |
| Registration information of the enti | пу | †Jurisdiction of issue (country) of registration: | | |

Electronic Funds Transfer (EFT) Report – Initiation

Jurisdiction of issue (province or state) of registration:

| Requester | of | of Transaction | of | |
|-----------|----|----------------|----|--|
| | | | | |

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 (do not provide socia | l insurance number): | | |
| †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: | | | |

Electronic Funds Transfer (EFT) Report – Initiation

| | | Requester | of | of Transaction | of | |
|--|--|-----------|----|----------------|----|--|
|--|--|-----------|----|----------------|----|--|

| Account or Reference information | | | | | |
|-----------------------------------|--------|----------|---|-----------------------------------|--|
| †Reference number: | | | Other number related to reference number: | | |
| †Financial institution number: | | | †Branch 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 | | | | | |
| 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: | | | | | |

| Requester | of | of Transaction | of | |
|-----------|----|----------------|----|--|
|-----------|----|----------------|----|--|

Information about requesting the transaction online

Type of device used:

| Computer/Laptop | Mobile phone | Tablet | Other (provide description below) |
|---|---|---------------------------|-----------------------------------|
| †If 'Other', please specify: | | | |
| Username: | | 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 | HOUR MINUTES SECONDS HOU | R MINUTES | |

Account Holder of of Transaction of

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

| ‡Were the funds withdrawn from an account not held by the i | | |
|---|----------------------------|-----------------------------------|
| Yes | No | |
| Information on the person who holds the | e account (if applicable) | |
| Surname: | | †Given name: |
| Other/Initial: | | Alias: |
| lient number: | | |
| douse/Building number: A | pt/Room/Suite/Unit number: | |
| Street address: | | |
| City: | | District: |
| Province or state: | | Sub-province and/or sub-locality: |
| Country: | | Postal or zip code: |
| elephone number (with area code): | Extension: | |
| imail address: | | |
| Date of birth: YEAR MONTH DAY | | |
| country of residence: | | |
| Occupation: | | |
| lame of employer: | | |

Account Holder of of Transaction of

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** 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:

 $^\dagger Number$ 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 Government issued identification Provincial or territorial identity card **Utility statement Certificate of Indian Status** Insurance documents **Record of employment Other** Citizenship card Record of landing Passport Credit file Permanent resident card Social Insurance Number (SIN) card Provincial health card Driver's licence 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 | 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

| Account Holder of of Transaction of |
|-------------------------------------|
|-------------------------------------|

| Information on the entity who l | olds the account (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: | Email address: | |
| †Nature of entity's principal business: | | | |
| [‡] Do you have incorporation or registration informa | ition? | | |
| Yes (Provide incorporation and/or registrat | on information below) | No (Go to identification information of the entity section) | |
| Incorporated or registered? | | | |
| Incorporated | Registered | Incorporated and registered Unkn | own |
| Incorporation information of the ent | ity | | |
| †Incorporation number: | | †Jurisdiction of issue (country) of incorporation: | |
| Jurisdiction of issue (province or state) of incorpo | ation: | | |
| Registration information of the entit | у | | |
| †Registration number: | | †Jurisdiction of issue (country) of registration: | |
| Jurisdiction of issue (province or state) of registrat | ion: | | |

Account Holder of of Transaction of

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 (do no | t provide social insurance number): | | |
| †Jurisdiction of issue (country): | | Jurisdiction of issue (province or state): | |
| Person(s) authorized to bind the e | ntity 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 account holder | above to the requester | | |
| †Relationship: | | | |
| Accountant Agent Authorized signatory Borrower | Broker Customer Employee Employer | Friend Joint/Secondary owner Legal counsel Power of attorney | Relative Vendor / Supplier Other |

^{*}If 'Other,' please specify

Electronic Funds Transfer (EFT) Report – Initiation

| Third Party | of | of Transaction | of | |
|-------------|----|----------------|----|--|
| | Ψ. | | •• | |

On behalf of indicator

| Was the initiation of the EFT requested on behalf of another person or entity? | | |
|--|----|--|
| Yes | No | |

Information about the person on whose behalf the transaction was conducted (if applicable)

Extension number:

| †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: |

Email address:

Telephone number (with area code):

Date of birth:

YEAR MONTH DAY

 ${\bf Country\ of\ residence:}$

0ccupation:

Name of employer:

Third Party of of Transaction of

Other

Utility statement

Identification information of the person

†Identifier type 1:

Birth certificate Government issued identification Provincial or territorial identity card

Certificate of Indian Status Insurance documents Record of employment

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 (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

 † ldentifier 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
Citizenship card Passport Record of landing

Credit file Permanent resident card Social Insurance Number (SIN) card

Driver's licence Provincial health card Travel visa

 $^{\dagger}\text{Other description:}$

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

†If 'Other,' please specify

Electronic Funds Transfer (EFT) Report – Initiation

Third Party of of Transaction of

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 (with area code): | Extension: | Email address: |
| †Nature of entity's principal business: | | |
| | | |
| [‡] Do you have incorporation or registration information? | | |
| [‡] 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) |
| | ation below) | No (Go to identification information of the entity section) |
| Yes (Provide incorporation and/or registration inform | ation below) Registered | No (Go to identification information of the entity section) Incorporated and registered |
| Yes (Provide incorporation and/or registration inform Incorporated or registered? | | |
| Yes (Provide incorporation and/or registration inform Incorporated or registered? Incorporated | | |
| Yes (Provide incorporation and/or registration inform Incorporated or registered? Incorporated Incorporation information of the entity | | Incorporated and registered |
| Yes (Provide incorporation and/or registration inform Incorporated or registered? Incorporated Incorporation information of the entity †Incorporation number: | | Incorporated and registered |
| Yes (Provide incorporation and/or registration inform Incorporated or registered? Incorporated Incorporation information of the entity †Incorporation number: †Jurisdiction of issue (province or state) of incorporation: | | Incorporated and registered |

Electronic Funds Transfer (EFT) Report — Initiation

Third Party of of Transaction of

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 Other description: Number associated with identifier type (do not provide social insurance number): 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 requester †Relationship: Accountant Broker Friend Relative Agent Customer Joint/Secondary owner **Vendor / Supplier Authorized signatory Employee** Legal counsel **Other**

Other description:

Employer

Electronic Funds Transfer (EFT) Report – Initiation

Power of attorney

Initiator of of Transaction of

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: |
| Province or state: | | Sub-province and/or sub-locality: |
| [†] Country: | | Postal or zip code: |
| Information on the entity (if applicable) | | |
| †Name of entity: | | †Bank identification code or business entity identifier: |
| ldentification 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: |

| - (| | | | | |
|-----|--------|----|----------------|----|--|
| | Sender | of | of Transaction | of | |

| Yes | No | |
|--|--|--|
| Information about the person sending | an electronic funds transfer that was ini | tiated by another person or entity (if applicable) |
| Surname: | | †Given name: |
| Other/Initial: | | †Bank identification code or business entity identifier: |
| dentification 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/or sub-locality: |
| Country: | | Postal or zip code: |
| | | |
| | an electronic funds transfer that was init | iated by another person or entity (if applicable) |
| Name of entity: | | [†] Bank identification code or business entity identifier: |
| dentification 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: |
| Province or state: Country: | | Sub-province and/or sub-locality: Postal or zip code: |

 ${}^{\ddagger}\!\text{Are there additional parties sending this electronic funds transfer?}$

Sender of of Transaction of

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

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

Receiver of of Transaction of

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) | | | | | |
| Information about the entity who final | ly receives or is to finally receive the EFT | (if applicable) | | | |
| Information about the entity who final †Name of entity: | ly receives or is to finally receive the EFT | (if applicable) †Bank identification code or business entity identifier: | | | |
| | | | | | |
| †Name of entity: | | †Bank identification code or business entity identifier: | | | |
| †Name of entity: Identification number assigned to entity in respect of their E | FT activities: | †Bank identification code or business entity identifier: | | | |
| †Name of entity: Identification number assigned to entity in respect of their E House/Building number: | FT activities: | †Bank identification code or business entity identifier: | | | |
| †Name of entity: Identification number assigned to entity in respect of their E House/Building number: †Street address: | FT activities: Apt/Room/Suite/Unit number: | †Bank identification code or business entity identifier: Reporting entity location number: | | | |

Disposition of of Transaction of

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: |
| Virtual currency type: | | |
| Exchange rate: | | Value in Canadian dollars: |
| *Was there any other person or entity involved in the disposit | | |
| Yes | No | |
| Information on the person (if applicable) | | |
| Surname: | | Given name: |
| Other/Initial: | | Account number: |
| Policy number: | | Identifying number: |
| Information on the entity (if applicable) | | |
| Name of entity: | | Account number: |
| Policy number: | | ldentifying number: |

| Beneficiary | of | of Transaction | of | |
|-------------|----|----------------|----|--|
| • | | | | |

Information about the person beneficiary (if applicable) †Surname: $^{\dagger}\text{Given}$ name: Other/Initial: Alias: 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 (with area code): Extension: Email address: Username: Date of birth: YEAR MONTH DAY Country of residence:

Electronic Funds Transfer (EFT) Report — Initiation

0ccupation:

Name of employer:

| Beneficiary of of Transaction of | | Beneficiary | of | of Transaction | of | |
|----------------------------------|--|-------------|----|----------------|----|--|
|----------------------------------|--|-------------|----|----------------|----|--|

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** Citizenship card Passport **Record of landing** Credit file Social Insurance Number (SIN) card Permanent resident card Driver's licence Provincial health 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):

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** Record of employment **Certificate of Indian Status** Insurance documents **Other** Citizenship card Record of landing **Passport** 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 (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Account / Reference information

†Reference number: Other number related to reference number:

Financial institution number:

Branch number:

†Account number:

| Beneficiary | of | of Transaction | of | |
|-------------|----|----------------|----|--|
| | | | | |

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

Surname: Given name:

Other/Initial:

Account holder 2 (if applicable)

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 (with area code): | Extension: | Email address: | |
| | | | |
| Username: | | | |
| Notice of antitude arts in all horizons | | | |
| 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: | |
| meorporation number. | | Julisarction of 155ac (country) of incorporation. | |
| Jurisdiction of issue (province or state) of incorporation: | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| Registration information | | | |
| Registration number: | | Jurisdiction of issue (country) of registration: | |
| | | | |
| | | | |

| Beneficiary | of | of Transaction | of | |
|-------------|----|----------------|----|--|
| | | | | |

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 (do not provide social i | insurance number): | | |
| 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: | | | |
| | | | |

| Beneficiary | of | of Transaction | of | |
|-------------|----|----------------|----|--|
| l . | | | | |

Account / Reference information

| Business | Casino | Personal | Trust | Other (provide description below) |
|--------------------------------|--------|----------|--|-----------------------------------|
| Account type: | | | | |
| [†] Account number: | | | | |
| | | | | |
| Financial institution number: | | В | ranch number: | |
| ¹ Reference number: | | 0 | ther number related to reference number: | |

†If 'Other', please specify:

Account currency:

Date account opened:



Account holder

Name of entity:

| Third Party Beneficiary | of | of Transaction | of | |
|-------------------------|----|----------------|----|--|
| Inira Party Beneficiary | OT | ot iransaction | OT | |

 $\ensuremath{^{\ddagger}\hspace{-0.05cm}\text{ls}}$ there a third party beneficiary for the EFT payment?

| Yes No | |
|--------|--|
|--------|--|

Information on the person third party beneficiary for the EFT payment (if applicable)

| 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 Occupation: | | |

| | Third Party Beneficiary | of | of Transaction | of | |
|--|-------------------------|----|----------------|----|--|
|--|-------------------------|----|----------------|----|--|

Identification information of the person

Identifier type 1:

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

Number associated with identifier type (do not provide social insurance 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 Other (provide description below) |
|------------------------------|----------------------------------|---|---|
| Certificate of Indian Status | Insurance documents | Record of employment | |
| Citizenship card | Passport | Record of landing | |
| Credit file | Permanent resident card | Social Insurance Number (SIN) card | |
| Driver's licence | Provincial health card | Travel visa | |
| Driver's licence | Provincial health card | Travel visa | |

 $^{^{\}dagger}\text{If}$ 'Other', please specify:

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

[†]If 'Other', please specify:

| Third Party Beneficiary | of | of Transaction | of | |
|-------------------------|----|----------------|----|--|
|-------------------------|----|----------------|----|--|

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 inform | ation below) | No (Go to identification information of the entity section) |
| Yes (Provide incorporation and/or registration inform | ation below) | No (Go to identification information of the entity section) |
| | ation below) Registered | No (Go to identification information of the entity section) Incorporated and registered |
| Incorporated or registered? | | |
| Incorporated or registered? | | |
| Incorporated or registered? Incorporated Incorporation information of the entity | | Incorporated and registered |
| Incorporated or registered? Incorporated Incorporation information of the entity Incorporation number: | | Incorporated and registered |
| Incorporated or registered? Incorporation information of the entity Incorporation number: Jurisdiction of issue (province or state) of incorporation: | | Incorporated and registered |

Third Party Beneficiary of of Transaction of

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 | |

 $^{^{\}dagger}\text{If}$ 'Other', please specify:

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

Relationship of the third party named above to the beneficiary

Relationship:

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

[†]If 'Other,' please specify

Legend

^{*} Indicates a mandatory field

[†] Indicates a mandatory if applicable field

[‡] Indicates a mandatory for processing field

¹ Numbers in brackets represent character limits