



# Electronic Funds Transfer (EFT) Report – Final Receipt

**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 are the final receiver of 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 finally receive 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:

- were requested by 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 [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 EFT validation rules on [FINTRAC's website](#).

Send completed form by mail: FINTRAC, Section A, 234 Laurier Avenue West, 24<sup>th</sup> Floor, Ottawa, Ontario K1P 1H7  
or send completed form by fax: 1-866-226-2346

Is this report a correction to a report previously submitted?

**NO**

**YES**

- Enter the original report's date and time  
Date  Time  
YEAR MONTH DAY 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 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                 | Financial services cooperative  | Provincial savings office |
| Bank                    | Credit union                         | Foreign money services business | Real estate               |
| British Columbia notary | Credit union central                 | Life insurance broker or agent  | Securities dealer         |
| Caisse populaire        | Crown agent                          | Life insurance company          | Trust and/or loan 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 (with area code):

Extension:

Email address:

### Report information

‡EFT direction:

Initiation

Final receipt

‡Aggregation type:

Beneficiary

On behalf of (i.e. 3<sup>rd</sup> party)

Requester

Not applicable

‡24-hour period start:

‡24-hour period end:

Date  MONTH DAY  
YEAR MONTH DAY  
Time UTC offset + -  
HOUR MINUTES SECONDS HOUR MINUTES

Date  MONTH DAY  
YEAR MONTH DAY  
Time UTC offset + -  
HOUR MINUTES SECONDS HOUR MINUTES

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

**Information about the transaction**

\*EFT type:

**Swift**                       **Non Swift**

\*Date of transaction:

                                             
YEAR                      MONTH                      DAY

\*Time of transaction:

HOUR                      MINUTES                      SECONDS                      UTC offset                      +                      -                      HOUR                      MINUTES

\*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?

**Above threshold**                       **Below 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 final receipt as the direction of this report*

**Question 1**

‡As the final receiver of this transaction, are you also the initiator for this transaction?

**Yes**                       **No**

**Question 2**

‡Is the transfer of funds initiated from 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**

<sup>a</sup>Was information about the source (person / entity) of funds obtained?

|            |                                 |
|------------|---------------------------------|
| <b>Yes</b> | <b>No (go to the next page)</b> |
|------------|---------------------------------|

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:

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:

**Identification information of the person**

Identifier type 1:

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

<sup>1</sup>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<br>Certificate of Indian Status<br>Citizenship card<br>Credit file<br>Driver's licence | Government issued identification<br>Insurance documents<br>Passport<br>Permanent resident card<br>Provincial health card | Provincial or territorial identity card<br>Record of employment<br>Record of landing<br>Social Insurance Number (SIN) card<br>Travel visa | Utility statement<br>Other (provide description below) |
|--|--|---|--|

<sup>1</sup>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**

<sup>1</sup>Reference number:

Other number related to reference number:

Financial institution number:

Branch number:

<sup>1</sup>Account number:

Account type:

|          |        |          |       |                                   |
|----------|--------|----------|-------|-----------------------------------|
| Business | Casino | Personal | Trust | Other (provide description below) |
|----------|--------|----------|-------|-----------------------------------|

<sup>1</sup>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:

|                        |                     |               |  |
|------------------------|---------------------|---------------|--|
| <b>Computer/Laptop</b> | <b>Mobile phone</b> | <b>Tablet</b> | <b>Other</b> (provide description below) |
|------------------------|---------------------|---------------|--|

<sup>1</sup>If 'Other', please specify:

Username: Device identifier number:

Internet protocol address:

Date of online session in which request was made:

|      |       |     |
|------|-------|-----|
| YEAR | MONTH | DAY |
|------|-------|-----|

Time of online session in which request was made:

|      |         |         |            |   |   |      |         |
|------|---------|---------|------------|---|---|------|---------|
| HOUR | MINUTES | SECONDS | UTC offset | + | – | HOUR | MINUTES |
|------|---------|---------|------------|---|---|------|---------|

**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 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:



**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 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:

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:

Information about requesting the transaction online

Type of device used:

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

<sup>1</sup>If 'Other', please specify:

Username:

Device identifier number:

Internet protocol address:

Date of online session in which request was made:

|      |       |     |
|------|-------|-----|
| YEAR | MONTH | DAY |
|------|-------|-----|

Time of online session in which request was made:

|      |         |         |            |   |   |      |         |
|------|---------|---------|------------|---|---|------|---------|
| HOUR | MINUTES | SECONDS | UTC offset | + | - | HOUR | MINUTES |
|------|---------|---------|------------|---|---|------|---------|

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

<sup>‡</sup>Were the funds withdrawn from an account not held by the requester?

Yes

No

**Information on the person who holds the account (if applicable)**

<sup>†</sup>Surname:

<sup>†</sup>Given name:

Other/Initial:

Alias:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

<sup>†</sup>Street address:

<sup>†</sup>City:

District:

Province or state:

Sub-province and/or sub-locality:

<sup>†</sup>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:

**Identification information of the person**

Identifier type 1:

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

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

<sup>1</sup>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<br>Agent<br>Authorized signatory<br>Borrower | Broker<br>Customer<br>Employee<br>Employer | Friend<br>Joint/Secondary owner<br>Legal counsel<br>Power of attorney | Relative<br>Vendor / Supplier<br>Other |
|---|--|---|--|

<sup>1</sup>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:

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?

**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:

|  |   |  |  |
|--|---|--|--|
| <b>Annual report</b><br><b>Articles of association</b> | <b>Certificate of corporate status</b><br><b>Certificate of incorporation</b> | <b>Letter/Notice of assessment</b><br><b>Partnership agreement</b> | <b>Other</b> (provide description below) |
|--|---|--|--|

<sup>1</sup>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):

**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 account holder above to the requester**

Relationship:

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

<sup>1</sup>If 'Other', please specify

**On behalf of indicator**

<sup>3</sup>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)**

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

<sup>†</sup>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<br>Certificate of Indian Status<br>Citizenship card<br>Credit file<br>Driver's licence | Government issued identification<br>Insurance documents<br>Passport<br>Permanent resident card<br>Provincial health card | Provincial or territorial identity card<br>Record of employment<br>Record of landing<br>Social Insurance Number (SIN) card<br>Travel visa | Utility statement<br>Other |
|--|--|---|----------------------------|

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

<sup>†</sup>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 (with area code):

Extension:

Email address:

<sup>1</sup>Nature of entity's principal business:

<sup>2</sup>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:

Identification information of the entity

Identifier type:

|   |  |   |  |
|---|--|---|--|
| <b>Annual report</b><br>Articles of association | <b>Certificate of corporate status</b><br>Certificate of incorporation | <b>Letter/Notice of assessment</b><br>Partnership agreement | <b>Other</b> (provide description below) |
|---|--|---|--|

<sup>1</sup>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 entity named above to the requester

Relationship:

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

<sup>1</sup>Other description:

Information on the person that initiates the electronic funds transfer (if applicable)

Form fields for person information: Surname, Given name, Other/Initial, Bank identification code, Identification number, 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 that initiates the electronic funds transfer (if applicable)

Form fields for entity information: Name of entity, Bank identification code, Identification number, 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.

‡Are there additional parties sending this electronic funds transfer?

Yes

No

**Information about the person sending an electronic funds transfer that was initiated by another person or entity (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:

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 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 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:

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

Relationship:

|                                |                             |                                     |                                     |
|--------------------------------|-----------------------------|-------------------------------------|-------------------------------------|
| <b>Beneficiary institution</b> | <b>Instructing agent</b>    | <b>Intermediary Institution</b>     | <b>Previous instructing agent 3</b> |
| <b>Creditors agent</b>         | <b>Intermediary agent 1</b> | <b>Ordering institution</b>         | <b>Receiving institution</b>        |
| <b>Debtors agent</b>           | <b>Intermediary agent 2</b> | <b>Previous instructing agent 1</b> | <b>Sending institution</b>          |
| <b>Instructed agent</b>        | <b>Intermediary agent 3</b> | <b>Previous instructing agent 2</b> | <b>Other</b>                        |

<sup>†</sup>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:

|                                |                             |                                     |                                     |
|--------------------------------|-----------------------------|-------------------------------------|-------------------------------------|
| <b>Beneficiary institution</b> | <b>Instructing agent</b>    | <b>Intermediary Institution</b>     | <b>Previous instructing agent 3</b> |
| <b>Creditors agent</b>         | <b>Intermediary agent 1</b> | <b>Ordering institution</b>         | <b>Receiving institution</b>        |
| <b>Debtors agent</b>           | <b>Intermediary agent 2</b> | <b>Previous instructing agent 1</b> | <b>Sending institution</b>          |
| <b>Instructed agent</b>        | <b>Intermediary agent 3</b> | <b>Previous instructing agent 2</b> | <b>Other</b>                        |

<sup>†</sup>If 'Other,' please specify

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

<sup>†</sup>Surname: <sup>†</sup>Given name:  
<sup>†</sup>Other/Initial: <sup>†</sup>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:  
<sup>†</sup>Street address:  
<sup>†</sup>City: District:  
Province or state: Sub-province and/or sub-locality:  
<sup>†</sup>Country: Postal or zip code:

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

<sup>†</sup>Name of entity: <sup>†</sup>Bank identification code or business entity identifier:  
Identification number assigned to the entity in respect of their EFT activities: Reporting entity location number:  
House/Building number: Apt/Room/Suite/Unit number:  
<sup>†</sup>Street address:  
<sup>†</sup>City: District:  
Province or state: Sub-province and/or sub-locality:  
<sup>†</sup>Country: Postal or zip code:

### Information on the disposition of funds

\*Details of disposition:

|                                  |   |                                    |  |
|----------------------------------|---|------------------------------------|--|
| Added to virtual currency wallet | Holding funds                             | Outgoing mobile money transfer     | Purchase of money order                  |
| Cash out                         | Investment product purchase or deposit    | Outgoing virtual currency transfer | Purchase of precious metals              |
| Cash withdrawal (account based)  | Issued cheque                             | Payment to account                 | Purchase of prepaid payment product/card |
| Denomination exchange            | Life insurance policy purchase or deposit | Purchase of / Payment for goods    | Real estate purchase or deposit          |
| Deposit to account               | Outgoing domestic funds transfer          | Purchase of / Payment for services | Other                                    |
| Exchange to fiat currency        | Outgoing email money transfer             | Purchase of bank draft             |  |
| Exchange to virtual currency     | Outgoing international funds transfer     | Purchase of casino product         |  |

<sup>1</sup>If 'Other', please specify:

\*Amount:

Currency type:

Virtual currency type:

Exchange rate:

Value in Canadian dollars:

<sup>3</sup>Was there any other person or entity involved in the disposition?

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:

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 (with area code):

Extension:

Email address:

Username:

Date of birth:

|      |       |     |
|------|-------|-----|
| YEAR | MONTH | DAY |
|------|-------|-----|

Country of residence:

Occupation:

Name of employer:

**Identification information of the person**

<sup>1</sup>Identifier type 1:

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

<sup>1</sup>If 'Other', please specify:

<sup>1</sup>Number associated with identifier type (do not provide social insurance number):

<sup>1</sup>Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

<sup>1</sup>Identifier type 2 — Only complete this section if the dual process method was used to verify the person's identity:

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

<sup>1</sup>If 'Other', please specify:

<sup>1</sup>Number associated with identifier type (do not provide social insurance number):

<sup>1</sup>Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

**Account / Reference information**

<sup>1</sup>Reference number:

Other number related to reference number:

<sup>1</sup>Financial institution number:

<sup>1</sup>Branch number:

<sup>1</sup>Account number:

†Account type:

|                 |               |                 |              |  |
|-----------------|---------------|-----------------|--------------|--|
| <b>Business</b> | <b>Casino</b> | <b>Personal</b> | <b>Trust</b> | <b>Other</b> (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:

**Information about the entity beneficiary (if applicable)**

<sup>1</sup>Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

<sup>1</sup>Street address:

<sup>1</sup>City:

District:

Province or state:

Sub-province and/or sub-locality:

<sup>1</sup>Country:

Postal or zip code:

Telephone number (with area code):

Extension:

Email address:

Username:

Nature of entity's principal business:

<sup>4</sup>Do you have incorporation or registration information?

Yes

No

Incorporated or registered?

Incorporated

Registered

Incorporated and registered

Unknown

**Incorporation information**

<sup>1</sup>Incorporation number:

<sup>†</sup>Jurisdiction of issue (country) of incorporation:

Jurisdiction of issue (province or state) of incorporation:

**Registration information**

<sup>1</sup>Registration number:

<sup>†</sup>Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

**Identification information of the entity**

†Identifier type:

|   |  |   |  |
|---|--|---|--|
| <b>Annual report</b><br>Articles of association | <b>Certificate of corporate status</b><br>Certificate of incorporation | <b>Letter/Notice of assessment</b><br>Partnership agreement | <b>Other</b> (provide description below) |
|---|--|---|--|

†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):

**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:

Account / 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:

<sup>‡</sup>Is there a third party beneficiary for the EFT payment?

Yes

No

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

<sup>†</sup>Surname:

<sup>†</sup>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:

**Identification information of the person**

Identifier type 1:

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

<sup>1</sup>If 'Other', please specify:

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

<sup>1</sup>If 'Other', please specify:

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



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

<sup>1</sup>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:

<sup>2</sup>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:

**Identification information of the entity**

Identifier type:

|  |   |  |  |
|--|---|--|--|
| <b>Annual report</b><br><b>Articles of association</b> | <b>Certificate of corporate status</b><br><b>Certificate of incorporation</b> | <b>Letter/Notice of assessment</b><br><b>Partnership agreement</b> | <b>Other</b> (provide description below) |
|--|---|--|--|

<sup>1</sup>If 'Other', please specify:

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

**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 third party named above to the beneficiary**

Relationship:

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

<sup>1</sup>If 'Other', please specify

**Legend**

- <sup>\*</sup> Indicates a mandatory field
- <sup>†</sup> Indicates a mandatory if applicable field
- <sup>‡</sup> Indicates a mandatory for processing field
- <sup>1</sup> Numbers in brackets represent character limits