



# Suspicious Transaction Report (STR)

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

Use this form if you are a reporting entity (RE) and you have to submit an STR to FINTRAC. All REs must submit an STR to FINTRAC when a financial transactions occurs, or is attempted, in the course of their activities and there are reasonable grounds to suspect that the transaction is related to the commission or attempted commission of a money laundering offence, a terrorist activity financing offence.

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 STR 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  YEAR MONTH DAY Time HOUR MINUTES SECONDS

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

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](#).

REPORTING DATE

YEAR

MONTH

DAY

TIME

HOUR

MINUTES

SECONDS

## General information

\*Reporting entity number:

\*Reporting entity report reference number:

\*Reporting entity's full name:

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

\*Activity sector:

Accountant  
Bank  
British Columbia notary  
Caisse populaire  
Casino

Co-op credit society  
Credit union  
Credit union central  
Crown agent  
Dealer in precious metals  
and precious stones

Factor  
Financial services cooperative  
Financing or leasing entity  
Foreign money services business  
Life insurance broker or agent  
Life insurance company

Money services business  
Provincial savings office  
Real estate  
Securities dealer  
Title insurer  
Trust and/or loan company

Whom can FINTRAC contact about this report?

\*Surname:

\*Given name:

Other/initial:

\*Telephone number (with area code):

Extension number:

Email address:

Report information

Ministerial Directive — You must consider all requirements issued under a Ministerial directive along with your suspicious transaction reporting requirements. For more information, please refer to 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 or attempted transaction

\*Was the transaction attempted?

Yes (provide reason below)

No

\*Reason transaction was not completed:

\*Date and time of transaction:

Date

20

YEAR

MONTH

DAY

Time

HOUR

MINUTES

SECONDS

UTC offset

+

-

HOUR

MINUTES

\*Date and time of posting (if different from the date and time of transaction):

Date

20

YEAR

MONTH

DAY

Time

HOUR

MINUTES

SECONDS

UTC offset

+

-

HOUR

MINUTES

\*Method of transaction:

Automated banking machine

Armoured car

Courier

In person

Mail deposit

Night deposit

Online

Quick drop

Self-redemption kiosk

Telephone

Virtual currency ATM

Other (provide description below)

Other description:

\*Reporting entity transaction reference number:

Purpose of transaction:

Information about where the transaction was conducted or attempted

\*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:

Suspicious Transaction Report (STR)

3 of 43

Please copy this page for each additional starting action

Starting action of for transaction of

### Starting action

Provide information about how the transaction or attempted transaction started, including the direction of the starting action the amount and type of funds, assets or virtual currency, where they came from, the conductor and the on-behalf-of-party of the transaction or attempted transaction.

\*Direction of starting action (refer to the STR guidance on [FINTRAC's website](#) for more information on determining the direction of the starting action):

In

Out

\*Type of funds, assets or virtual currency (in):

Bank draft	Jewelry
Cash	Mobile money transfer
Casino product	Money order
Cheque	Precious metals
Domestic funds transfer	Precious stones
Email money transfer	Virtual currency
International funds transfer	Other (provide description below)
Investment product	

\*Type of funds, assets or virtual currency (out):

Casino product  
Funds withdrawal  
Investment product  
Virtual currency  
Other (provide description below)

Other description:

\*Amount:

If the starting action is in funds, complete the information below:

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

\*Exchange rate:

If the starting action is in virtual currency, complete the information below:

\*Virtual currency type – Provide the full name and abbreviation of the virtual currency (e.g. Bitcoin/BTC):

\*Exchange rate:

Full name

/

Abbreviation

\*Virtual currency transaction identifier 1:

\*Virtual currency transaction identifier 2 (if applicable):

**Note:** If there are more than two virtual currency transaction identifiers, please use the page entitled Additional virtual currency transaction identifiers.

\*Sending virtual currency address 1:

\*Sending virtual currency address 2 (if applicable):

**Note:** If there are more than two sending virtual currency addresses, please use the page entitled Additional sending virtual currency addresses.

\*Receiving virtual currency address 1:

\*Receiving virtual currency address 2 (if applicable):

**Note:** If there are more than two receiving virtual currency addresses, please use the page entitled Additional receiving virtual currency addresses.

How were the funds or virtual currency obtained?

\*Reference number – This field is for non-account based sectors and should only be completed if applicable:

Other number related to reference number (if applicable):

\*Did the starting action involve an account?

Yes (Provide information on the account and account holders)

No (Go to source of funds or virtual currency page)

Account information (if applicable)

\*Financial institution number (if applicable):

\*Branch number (if applicable):

\*Account number:

\*Account type:

Business

Personal

Other (provide description below)

Casino

Trust

Other description:

\*Account currency code – If the account is in funds, provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

\*Account virtual currency type – If the account is in virtual currency, provide the full name and abbreviation of the virtual currency (e.g. Bitcoin/BTC):

Full name

Abbreviation

\*Date account opened:

YEAR

MONTH

DAY

Date account closed:

20

YEAR

MONTH

DAY

\*Status of account at time of transaction:

Active

Closed

Dormant

Inactive

Please copy this page for each additional account holder



Starting action	of	for transaction	of
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## Account holders

### Person 1

\*Surname:

\*Given name:

Other/Initial:

### Person 2 (if applicable)

\*Surname:

\*Given name:

Other/Initial:

### Entity 1

\*Name of entity:

### Entity 2 (if applicable)

\*Name of entity:

Please copy this page for each additional source of funds or virtual currency



Starting action	of	for transaction	of
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\*Was information about the source of funds or virtual currency obtained?

**Yes** (Provide information below on the source of funds or virtual currency)

**No** (Go to the next page)

#### Source of funds or virtual currency – 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:

#### Source of funds or virtual currency – Entity

\*Name of entity:

Account number:

Policy number:

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

Please copy this page for each additional person

Starting action of for transaction of

\*Have you obtained any information about the person or entity conducting or attempting to conduct the transaction?

**Yes** (Provide information on the person or entity conducting or attempting to conduct the transaction)

**No** (Select only if the person or entity conducting or attempting to conduct the transaction is not your client and, after taking reasonable measures, you were not able to obtain any details on the person or entity. If so, go to the completing action page)

### Information about the person conducting or attempting to conduct the transaction (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:

URL:

Date of birth:

YEAR MONTH DAY

Country of residence:

Country of citizenship:

Occupation:

Name of employer:



Information about the employer’s address

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:

Identification information of the person

Identifier type 1:

Birth certificate

Certificate of Indian Status

Citizenship card

Credit file

Driver’s licence

Government issued identification

Insurance documents

Passport

Permanent resident card

Provincial health card

Provincial or territorial identity card

Record of employment

Record of landing

Social Insurance Number card

Visitor visa

Utility statement

Other (provide description below)

Other description:

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

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

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

Birth certificate

Certificate of Indian Status

Citizenship card

Credit file

Driver’s licence

Government issued identification

Insurance documents

Passport

Permanent resident card

Provincial health card

Provincial or territorial identity card

Record of employment

Record of landing

Social Insurance Number card

Visitor visa

Utility statement

Other (provide description below)

Other description:

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

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Information about conducting or attempting to conduct the transaction online

Type of device used:

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

Username:

Internet protocol (IP) address:

Device identifier number:

Date of online session in which request was made:

20		
YEAR	MONTH	DAY

Time of online session in which request was made:

			UTC offset	+		
				-		
HOUR	MINUTES	SECONDS			HOUR	MINUTES

Please copy this page for each additional entity

Starting action of for transaction of

### Information about the entity conducting or attempting to conduct the transaction (if applicable)

Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

Street address:

City:

District:

Province or state:

Sub-province and/or sub-locality:

Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

URL:

Nature of entity's principal business:

\*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Is the entity incorporated or registered?

Incorporated

Registered

Incorporated and registered

### Incorporation information

Incorporation number:

Jurisdiction of issue (country) of incorporation:

Jurisdiction of issue (province or state) of incorporation:

### Registration information

Registration number:

Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

Identification information of the entity

\*Identifier type:

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

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

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

Person 1

Surname:

Given name:

Other/Initial:

Person 2 (if applicable)

Surname:

Given name:

Other/Initial:

Person 3 (if applicable)

Surname:

Given name:

Other/Initial:

Information about conducting or attempting to conduct the transaction online

Type of device used:

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

Username:

Internet protocol (IP) address:

Device identifier number:

Date of online session in which request was made:

20

YEAR MONTH DAY

Time of online session in which request was made:

UTC offset + -

HOUR MINUTES SECONDS HOUR MINUTES

Information about the structure of the entity

Type or structure of the entity:

Corporation	Trust	Widely held or publicly traded trust	Entity other than a corporation or trust (specify below)
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Specify the type of the entity:

Do you have information on the ownership, control and structure of the entity?

Yes (Complete one of the following sections relevant to the type/structure of the entity)	No (Go to the information about the person or entity on whose behalf the transaction was conducted or attempted page)
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Please copy this page for each additional person

Starting action of for transaction of

### Information about the corporation (entity conducting or attempting to conduct the transaction)

#### Director of a corporation

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:

Telephone number (with area code):

Extension number:

#### Person(s) who directly or indirectly owns or controls 25% or more shares of the corporation

##### Person 1

Surname:

Given name:

Other/Initial:

##### Person 2

Surname:

Given name:

Other/Initial:

Please copy this page for each additional person

Starting action of for transaction of

### Information about the trust (entity conducting or attempting to conduct the transaction)

#### Trustee of a trust

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:

Telephone number (with area code):

Extension number:

#### Settlor of a trust

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:

Telephone number (with area code):

Extension number:

Please copy this page for each additional person

Starting action of for transaction of

Information about the widely held or publicly traded trust (entity conducting or attempting to conduct the transaction)

Person(s) who directly or indirectly owns or controls 25% or more units of a widely held or publicly traded trust

Person 1

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:

Telephone number (with area code):

Extension number:

Person 2

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:

Telephone number (with area code):

Extension number:



**Beneficiary(s) of a trust, other than a widely held or publicly traded trust**

**Beneficiary 1**

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:		
Telephone number (with area code):	Extension number:		

**Beneficiary 2**

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:		
Telephone number (with area code):	Extension number:		

Please copy this page for each additional person

Starting action of for transaction of

Information about the entity other than a corporation or trust (entity conducting or attempting to conduct the transaction)

Person(s) who directly or indirectly owns or controls 25% or more of an entity other than a corporation or trust

Person 1

Surname: Given name:

Other/Initial:

Person 2

Surname: Given name:

Other/Initial:

Person 3

Surname: Given name:

Other/Initial:

Person 4

Surname: Given name:

Other/Initial:

Please copy this page for each additional person

Starting action of for transaction of

\*Was this transaction conducted or attempted on behalf of another person or entity?

**Yes** (Provide information below about the person or entity on whose behalf the transaction was conducted or attempted)

**No** (Go to the completing action page)

### Information about the person on whose behalf the transaction was conducted or attempted (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:

URL:

Date of birth:

YEAR MONTH DAY

Country of residence:

Country of citizenship:

Occupation:

Name of employer:

Information about the employer's address

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:

Identification information of the person

Identifier type 1:

Birth certificate

Certificate of Indian Status

Citizenship card

Credit file

Driver's licence

Government issued identification

Insurance documents

Passport

Permanent resident card

Provincial health card

Provincial or territorial identity card

Record of employment

Record of landing

Social Insurance Number card

Visitor visa

Utility statement

Other (provide description below)

Other description:

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

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

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

Birth certificate

Certificate of Indian Status

Citizenship card

Credit file

Driver's licence

Government issued identification

Insurance documents

Passport

Permanent resident card

Provincial health card

Provincial or territorial identity card

Record of employment

Record of landing

Social Insurance Number card

Visitor visa

Utility statement

Other (provide description below)

Other description:

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

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Relationship of the person named above to the person or entity conducting or attempting to conduct the transaction

Relationship:

Accountant

Agent

Borrower

Broker

Customer

Employee

Employer

Friend

Joint/Secondary owner

Legal counsel

Power of attorney

Relative

Vendor/Supplier

Other (provide description below)

Other description:

Please copy this page for each additional entity

Starting action of for transaction of

### Information about the entity on whose behalf the transaction was conducted or attempted (if applicable)

Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

Street address:

City:

District:

Province or state:

Sub-province and/or sub-locality:

Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

URL:

Nature of entity's principal business:

\*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Is the entity incorporated or registered?

Incorporated

Registered

Incorporated and registered

### Incorporation information

Incorporation number:

Jurisdiction of issue (country) of incorporation:

Jurisdiction of issue (province or state) of incorporation:

### Registration information

Registration number:

Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

Identification information of the entity

Identifier type:

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

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

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

Person 1

Surname:

Given name:

Other/Initial:

Person 2 (if applicable)

Surname:

Given name:

Other/Initial:

Person 3 (if applicable)

Surname:

Given name:

Other/Initial:

Relationship of the entity named above to the person or entity conducting or attempting to conduct the transaction

Relationship:

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

Information about the structure of the entity

Type or structure of the entity:

Corporation	Trust	Widely held or publicly traded trust	Entity other than a corporation or trust (specify below)
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Specify the type of the entity:

Do you have information on the ownership, control and structure of the entity?

Yes (Complete one of the following sections relevant to the type/structure of the entity)	No (Go to the completing action page)
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Please copy this page for each additional person

Starting action of for transaction of

### Information about the corporation (entity on whose behalf the transaction was conducted or attempted)

#### Director of a corporation

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:

Telephone number (with area code):

Extension number:

#### Person(s) who directly or indirectly owns or controls 25% or more shares of the corporation

##### Person 1

Surname:

Given name:

Other/Initial:

##### Person 2

Surname:

Given name:

Other/Initial:



Please copy this page for each additional person

Starting action of for transaction of

**Information about the trust (entity on whose behalf the transaction was conducted or attempted)**

**Trustee of a trust**

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:

Telephone number (with area code):

Extension number:

**Settlor of a trust**

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:

Telephone number (with area code):

Extension number:

Please copy this page for each additional person

Starting action of for transaction of

**Information about the widely held or publicly traded trust (entity on whose behalf the transaction was conducted or attempted)**

**Person(s) who directly or indirectly owns or controls 25% or more units of a widely held or publicly traded trust**

**Person 1**

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:

Telephone number (with area code):

Extension number:

**Person 2**

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:

Telephone number (with area code):

Extension number:

**Beneficiary(s) of a trust, other than a widely held or publicly traded trust**

**Beneficiary 1**

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:	
Telephone number (with area code):		Extension number:	

**Beneficiary 2**

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:	
Telephone number (with area code):		Extension number:	

Please copy this page for each additional person

Starting action of for transaction of

Information about the entity other than a corporation or trust (entity on whose behalf the transaction was conducted or attempted)

Person(s) who directly or indirectly owns or controls 25% or more of an entity other than a corporation or trust

Person 1

Surname: Given name:

Other/Initial:

Person 2

Surname: Given name:

Other/Initial:

Person 3

Surname: Given name:

Other/Initial:

Person 4

Surname: Given name:

Other/Initial:

Please copy this page for each additional completing action

Completing action of for transaction of

## Completing action

Provide information about how the transaction or attempted transaction was completed, including the details of disposition, the amount, information on any other person or entity that may have been involved in the completing action and, on any person or entity that was the beneficiary of the transaction or attempted transaction.

\*Details of disposition:

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

Other description:

\*Amount:

If the disposition is in funds, complete the information below:

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

\*Exchange rate:

If the disposition is in virtual currency, complete the information below:

\*Virtual currency type – Provide the full name and abbreviation of the virtual currency (e.g. Bitcoin/BTC):

\*Exchange rate:

Full name

/

Abbreviation

\*Virtual currency transaction identifier 1:

\*Virtual currency transaction identifier 2 (if applicable):

**Note:** If there are more than two virtual currency transaction identifiers, please use the page entitled Additional virtual currency transaction identifiers.

\*Sending virtual currency address 1:

\*Sending virtual currency address 2 (if applicable):

**Note:** If there are more than two sending virtual currency addresses, please use the page entitled Additional sending virtual currency addresses.

\*Receiving virtual currency address 1:

\*Receiving virtual currency address 2 (if applicable):

**Note:** If there are more than two receiving virtual currency addresses, please use the page entitled Additional receiving virtual currency addresses.

Value in Canadian dollars – If the disposition was not in funds or virtual currency:

\*Reference number – This field is for non-account based sectors and should only be completed if applicable:

Other number related to reference number (if applicable):

\*Did the disposition involve an account?

Yes (Provide information on the account and account holders)

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

Account information (if applicable)

\*Financial institution number (if applicable):

\*Branch number (if applicable):

\*Account number:

\*Account type:

Business

Casino

Personal

Trust

Other (provide description below)

Other description:

\*Account currency code – If the account is in funds, provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

\*Account virtual currency type – If the account is in virtual currency, provide the full name and abbreviation of the virtual currency (e.g. Bitcoin/BTC):

/

Date account opened:

Full name

Date account closed:

Abbreviation

YEAR

MONTH

DAY

20

YEAR

MONTH

DAY

\*Status of account at time of transaction:

Active

Closed

Dormant

Inactive

Please copy this page for each additional account holder



Completing action

of

for transaction

of

#### Account holders

##### Person 1

\*Surname:

\*Given name:

Other/Initial:

##### Person 2 (if applicable)

\*Surname:

\*Given name:

Other/Initial:

##### Entity 1

\*Name of entity:

##### Entity 2 (if applicable)

\*Name of entity:

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



Completing action

of

for transaction

of

\*Was there any other person or entity involved in the completing action?

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

**No** (Go to person or entity beneficiary page)

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

\*Surname:

\*Given name:

Other/Initial:

Account number

Policy number:

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

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

\*Name of entity:

Account number:

Policy number:

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



Please copy this page for each additional person

Completing action of for transaction of

\*Have you obtained any beneficiary information related to this transaction or attempted transaction?

**Yes** (Provide information on the person or entity beneficiary)

**No** (Select only if the beneficiary is not your client and, after taking reasonable measures, you were not able to obtain any beneficiary details. If so, go to the details of suspicion page)

### Information about the person beneficiary (if applicable)

\*Surname:

\*Given name:

Other/Initial:

Alias:

Username:

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:

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

Other description:

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

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

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

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

Other description:

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

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Please copy this page for each additional entity

Completing action of for transaction of

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

\*Name of entity:

Username:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

Street address:

City:

District:

Province or state:

Sub-province and/or sub-locality:

Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Nature of entity's principal business:

\*Do you have incorporation or registration information?

**Yes** (Provide incorporation and/or registration information below)

**No** (Go to identification information of the entity section)

Is the entity incorporated or registered?

**Incorporated**

**Registered**

**Incorporated and registered**

### Incorporation information

Incorporation number:

Jurisdiction of issue (country) of incorporation:

Jurisdiction of issue (province or state) of incorporation:

### Registration information

Registration number:

Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

Identification information of the entity

Identifier type:

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

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

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

Person 1

Surname:

Given name:

Other/Initial:

Person 2 (if applicable)

Surname:

Given name:

Other/Initial:

Person 3 (if applicable)

Surname:

Given name:

Other/Initial:

Is this report related to a Ministerial Directive?

Yes (Do not provide further information)	No (Complete the information below)
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Details of suspicion

\*Description of suspicious activity

Please describe in clear, simple and concise language your grounds for suspicion of a money laundering or terrorist activity financing offence – including the facts, context, and indicators that allowed you to reach reasonable grounds for suspicion.

\*Suspicion type:

Money laundering	Terrorist activity financing	Money laundering and terrorist activity financing
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Public-Private Partnership Project Name – Select all applicable projects:

Project ANTON Project ATHENA	Project CHAMELEON Project GUARDIAN	Project LEGION Project PROTECT	Project SHADOW
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Does this report include information about an individual who you have determined to be a politically exposed person (PEP) or head of an international organization (HIO)?

Yes	No
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Please copy this page for additional related reports

## Related report(s)

Provide a list below of any reports submitted to FINTRAC that may relate to the suspicious activity mentioned in this report.

### Report 1

Reporting entity report reference number:

Reporting entity transaction reference number 1:

Reporting entity transaction reference number 2 (if applicable):

### Report 2

Reporting entity report reference number:

Reporting entity transaction reference number 1:

Reporting entity transaction reference number 2 (if applicable):

### Report 3

Reporting entity report reference number:

Reporting entity transaction reference number 1:

Reporting entity transaction reference number 2 (if applicable):

### Report 4

Reporting entity report reference number:

Reporting entity transaction reference number 1:

Reporting entity transaction reference number 2 (if applicable):

### Report 5

Reporting entity report reference number:

Reporting entity transaction reference number 1:

Reporting entity transaction reference number 2 (if applicable):

## Action taken

### \*Detailed description

Please describe what action, if any, was or will be taken as a result of the suspicious transaction(s).

Starting action

of

for transaction

of

or

Completing action

of

for transaction

of

Additional virtual currency transaction identifiers

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

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Virtual currency transaction identifier:

Virtual currency transaction identifier:



Starting action of for transaction of

or

Completing action of for transaction of

Additional sending virtual currency addresses

Sending virtual currency address:

Sending virtual currency address:

Sending virtual currency address:

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Sending virtual currency address:

Starting action of for transaction of

or

Completing action of for transaction of

Additional receiving virtual currency addresses

Receiving virtual currency address:

Receiving virtual currency address:

Receiving virtual currency address:

Receiving virtual currency address:

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Receiving virtual currency address:

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