



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 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, 24th Floor, Ottawa, Ontario K1P 1H7
or send completed form by fax: 1-866-226-2346

Is this report a correction to a report previously submitted?

NO

YES

- Enter the original report's date and time

Date 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. 3rd 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 of 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

^aWas information about the source (person / entity) of funds obtained?

Yes	No (go to the next page)
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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:

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

¹Other description:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

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

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

¹Other 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 information¹Reference number:

Other number related to reference number:

Financial institution number:

Branch number:

¹Account number:

Account type:

Business	Casino	Personal	Trust	Other (provide description below)
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¹If 'Other', please specify:

Account currency:

Date account opened:

YEAR	MONTH	DAY
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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:

Computer/Laptop

Mobile phone

Tablet

Other (provide description below)

¹If 'Other', please specify:

Username:

Internet protocol address:

Device identifier number:

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:

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:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state) name:

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)
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¹If 'Other', please specify:

Username:

Device identifier number:

Internet protocol address:

Date of online session in which request was made:

YEAR	MONTH	DAY
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Time of online session in which request was made:

HOUR	MINUTES	SECONDS	UTC offset	+	-	HOUR	MINUTES
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Information on the account holder (if different from the requester)

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

Yes

No

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

[†]Surname:

[†]Given name:

Other/Initial:

Alias:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

[†]Street address:

[†]City:

District:

Province or state:

Sub-province and/or sub-locality:

[†]Country:

Postal or zip code:

Telephone number:

Extension:

Email address:

Date of birth:

YEAR MONTH DAY

Country of residence:

Occupation:

Name of employer:

Identification information of the person

Identifier type 1:

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

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

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

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

<p>Accountant Agent Authorized signatory Borrower</p>	<p>Broker Customer Employee Employer</p>	<p>Friend Joint/Secondary owner Legal counsel Power of attorney</p>	<p>Relative Vendor / Supplier Other</p>
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¹If '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:

Extension:

Email address:

Nature of entity's principal business:

*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Incorporated or registered?

Incorporated

Registered

Incorporated and registered

Unknown

Incorporation information of the entity

Incorporation number:

Jurisdiction of issue (country) of incorporation:

Jurisdiction of issue (province or state) of incorporation:

Registration information of the entity

Registration number:

Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

Identification information of the entity

Identifier type:

Annual report Articles of association	Certificate of corporate status Certificate of incorporation	Letter/Notice of assessment Partnership agreement	Other (provide description below)
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¹If 'Other', please specify:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or 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
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¹If 'Other', please specify

³Was 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 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
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¹Other description:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

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

Birth certificate Certificate of Indian Status Citizenship card Credit file 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
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¹Other 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 Agent Authorized signatory Borrower	Broker Customer Employee Employer	Friend Joint/Secondary owner Legal counsel Power of attorney	Relative Vendor / Supplier Other
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¹If '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:

Extension:

Email address:

¹Nature of entity's principal business:

²Do 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)
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*Other description:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Relationship of the entity named 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
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*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 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:

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

¹If '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

¹If 'Other,' please specify

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

†Surname:

†Given name:

Other/Initial:

†Bank identification code or business entity identifier:

Identification number assigned to person in respect of their EFT activities:

Reporting entity location number:

House/Building number:

Apt/Room/Suite/Unit number:

†Street address:

†City:

District:

Province or state:

Sub-province and/or sub-locality:

†Country:

Postal or zip code:

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

†Name of entity:

†Bank identification code or business entity identifier:

Identification number assigned to 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 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	

¹If 'Other', please specify:

*Amount:

Currency type:

Virtual currency type:

Exchange rate:

Value in Canadian dollars:

³Was 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:

Extension:

Email address:

Username:

Date of birth:

YEAR	MONTH	DAY
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Country of residence:

Occupation:

Name of employer:

Identification information of the person

¹Identifier type 1:

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

¹Number associated with identifier type:

¹Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

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

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

¹Number associated with identifier type:

¹Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Account / Reference information

¹Reference number:

Other number related to reference number:

¹Financial institution number:

¹Branch number:

¹Account number:

†Account type:

Business	Casino	Personal	Trust	Other (provide description below)
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†If 'Other', please specify:

†Account currency:

Date account opened:

YEAR	MONTH	DAY
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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)

¹Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

¹Street address:

¹City:

District:

Province or state:

Sub-province and/or sub-locality:

¹Country:

Postal or zip code:

Telephone number:

Extension:

Email address:

Username:

Nature of entity's principal business:

⁴Do you have incorporation or registration information?

Yes

No

Incorporated or registered?

Incorporated

Registered

Incorporated and registered

Unknown

Incorporation information

¹Incorporation number:

[†]Jurisdiction of issue (country) of incorporation:

Jurisdiction of issue (province or state) of incorporation:

Registration information

¹Registration number:

[†]Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

Identification information of the entity

†Identifier type:

Annual report Articles of association	Certificate of corporate status Certificate of incorporation	Letter/Notice of assessment Partnership agreement	Other (provide description below)
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†If 'Other', please specify:

†Number associated with identifier type:

†Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or 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)
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†If 'Other', please specify:

†Account currency:

Date account opened:

YEAR	MONTH	DAY
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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:

[‡]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)

[†]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:

Identification information of the person

Identifier type 1:

<p>Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence</p>	<p>Government issued identification Insurance documents Passport Permanent resident card Provincial health card</p>	<p>Provincial or territorial identity card Record of employment Record of landing Social Insurance Number (SIN) card Travel visa</p>	<p>Utility statement Other (provide description below)</p>
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¹If 'Other', please specify:

Number associated with identifier type:

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

<p>Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence</p>	<p>Government issued identification Insurance documents Passport Permanent resident card Provincial health card</p>	<p>Provincial or territorial identity card Record of employment Record of landing Social Insurance Number (SIN) card Travel visa</p>	<p>Utility statement Other (provide description below)</p>
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¹If 'Other', please specify:

Number associated with identifier type:

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

¹Name 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:

²Do 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)
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¹If 'Other', please specify:

Number associated with identifier type:

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:

Accountant Agent Authorized signatory Borrower	Broker Customer Employee Employer	Friend Joint/Secondary owner Legal counsel Power of attorney	Relative Vendor / Supplier Other
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¹If '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