

# Large Cash Transaction Report

**If you have the capability to report electronically, DO NOT use this paper form. Refer to the reporting section of FINTRAC's Web site — <http://www.fintrac-canafe.gc.ca>**

Use this form if you are a reporting entity and you have to report a large cash transaction to FINTRAC. A large cash transaction is the receipt of an amount of \$10,000 or more in cash in the course of a single transaction. A large cash transaction also includes the receipt of two or more cash amounts of less than \$10,000 made by or on behalf of the same individual or entity within 24 consecutive hours of each other that total \$10,000 or more.

For more information about this or about who is considered a reporting entity and for instructions on how to complete this form, see *Guideline 7B: Submitting Large Cash Transaction Reports to FINTRAC by Paper* or call FINTRAC's toll-free enquiries line at 1-866-346-8722.

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

**24-hour rule**

Is this report about a transaction of **less than \$10,000** that is part of a group of two or more such cash transactions made **within 24 consecutive hours** of each other that **total \$10,000 or more**?

**NO**  
Include each large cash transaction in a separate report.

**YES**  
Include each transaction that is part of a 24-hour rule group in the same large cash transaction report, unless they were conducted at different locations.

Is this Report a correction to a Report previously submitted?

**NO**       **YES** • Enter the original Report's Date and Time

Date 2 0      Time                   
YEAR MONTH DAY      HOUR MINUTE

- COMPLETE PART A – whether the information has changed or not
- Provide the new information ONLY for the affected fields in Part B through Part G
- If removing information from a field, strike a line through the field

**REPORTING DATE** 2 0      **TIME**              
YEAR MONTH DAY      HOUR MINUTE

All fields of the report marked with an asterisk (\*) must be completed. The ones that are also marked "if applicable" must be completed if they are applicable to you or the transaction being reported. For all other fields, you have to make reasonable efforts to get the information.

## PART A — Information about where the transaction took place

1. Reporting entity's identifier number\* (if applicable)  
\_\_\_\_\_

2. Reporting entity's full name\*  
\_\_\_\_\_

**Where did the transaction take place?**

3. Street address\*  
\_\_\_\_\_

4. City\*  
\_\_\_\_\_

5. Province\*      6. Postal code\*  
\_\_\_\_\_

**Whom can FINTRAC contact about this report?**

6A. Reporting entity report reference number  
\_\_\_\_\_

7. Contact – Surname\*      8. Contact – Given name\*      9. Contact – Initial/Other  
\_\_\_\_\_

10. Contact – Telephone number (with area code)\*      10A. Contact – Telephone extension number  
\_\_\_\_\_

11. Which one of the following types of reporting entities best describes you?\*

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Accountant              | <input type="checkbox"/> Casino                                      | <input type="checkbox"/> Dealer in Precious Metals and Stones | <input type="checkbox"/> Provincial Savings Office |
| <input type="checkbox"/> Bank                    | <input type="checkbox"/> Co-op Credit Society                        | <input type="checkbox"/> Life Insurance Broker or Agent       | <input type="checkbox"/> Real Estate               |
| <input type="checkbox"/> British Columbia Notary | <input type="checkbox"/> Credit Union                                | <input type="checkbox"/> Life Insurance Company               | <input type="checkbox"/> Securities Dealer         |
| <input type="checkbox"/> Caisse Populaire        | <input type="checkbox"/> Crown Agent<br>(Sells/Redeems Money Orders) | <input type="checkbox"/> Money Services Business              | <input type="checkbox"/> Trust and/or Loan Company |





**NOTE: Please copy this page for each additional, related, disposition (per transaction) (if required).**

Transaction  Disposition  of

**PART B2 — Information about how the transaction was completed**

Indicate whether this transaction was conducted on behalf of anyone other than the individual who conducted it. If not, indicate "not applicable."

**On behalf of:**  not applicable  an entity (other than an individual) (also complete PART F)  another individual (also complete PART G)  employee depositing cash to employer's business account

8. Disposition of funds \*

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Cash out                               | <input type="checkbox"/> Outgoing electronic funds transfer | <input type="checkbox"/> Purchase of jewellery                            | <input type="checkbox"/> Purchase of traveller's cheques |
| <input type="checkbox"/> Conducted currency exchange            | <input type="checkbox"/> Purchase of bank draft             | <input type="checkbox"/> Purchase of money order                          | <input type="checkbox"/> Real estate purchase/deposit    |
| <input type="checkbox"/> Deposit to an account                  | <input type="checkbox"/> Purchase of casino chips           | <input type="checkbox"/> Purchase of precious metals                      | <input type="checkbox"/> Securities purchase/deposit     |
| <input type="checkbox"/> Life insurance policy purchase/deposit | <input type="checkbox"/> Purchase of diamonds               | <input type="checkbox"/> Purchase of precious stones (excluding diamonds) | <input type="checkbox"/> Other <input type="text"/>      |

POLICY NUMBER

DESCRIPTION (OTHER)

9. Amount of disposition \*

10. Disposition currency code \* — Enter CAD if Canadian dollars or USD for United States dollars. If another type of currency is involved, see Appendix 1 in *Guideline 3B: Submitting Suspicious Transaction Reports to FINTRAC by Paper*.

**Additional information about the funds described in field 8 above**

11. Other institution name and number or other entity or person name \* (if applicable)

12. Other entity or person account number or policy number \* (if applicable)



**NOTE: Please copy this page for each additional disposition (if applicable).**

**PART C — Account information, if the transaction involved an account**

Transaction

Disposition

Complete this Part ONLY if the transaction involved an account.

1. Branch or transit number where the account is held\* (if this part is applicable)

\_\_\_\_\_

2. Account number\* (if this part is applicable)

\_\_\_\_\_

3. Type of account\* (if this part is applicable)

Personal

Business

Trust

Other

DESCRIPTION (OTHER)

\_\_\_\_\_

4. Account currency code\* (if this part is applicable) — Enter CAD if Canadian dollars or USD for United States dollars. If another type of currency is involved, see Appendix 1 in *Guideline 3B: Submitting Suspicious Transaction Reports to FINTRAC by Paper*.

\_\_\_\_\_

5. Full name of each account holder (the individual(s) or the entity that hold the account)\* (if this part is applicable)

**1** \_\_\_\_\_

**2** \_\_\_\_\_

**3** \_\_\_\_\_



**NOTE: Please copy this page for each additional transaction (if applicable).**

Transaction

**PART D — Information about the individual conducting the transaction if it is not a deposit into a business account (if applicable)**

If the transaction is reportable as one of multiple cash transactions of less than \$10,000 each and, because of this, information for any mandatory fields in this part was not obtained at the time of the transaction (and is not available from your records), you can leave those fields blank.

1. Surname\* (if this part is applicable)

2. Given name\* (if this part is applicable)

3. Other/Initial

4. Client number assigned by reporting entity\* (if applicable and if this part is applicable)

5. Street address\* (if this part is applicable)

6. City\* (if this part is applicable)

7. Province or State\* (if this part is applicable)

8. Country\* (if this part is applicable)

9. Postal or Zip code\* (if this part is applicable)

10. Country of residence

11. Home telephone number (with area code)

12. Individual's identifier\* (if this part is applicable)

Birth certificate     Driver's licence     Passport     Provincial health card     Record of landing / Permanent resident card

Other   
DESCRIPTION (OTHER)

13. ID number (from question 12)\* (if this part is applicable)

14. Place of issue – Province or State\* (if this part is applicable)

15. Place of issue – Country\* (if this part is applicable)

16. Individual's date of birth\* (if this part is applicable)

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| YEAR                 | MONTH                | DAY                  |

17. Individual's occupation\* (if this part is applicable)

18. Individual's business telephone number (with area code)

18A. Telephone extension number



**NOTE: Please copy this page for each additional transaction (if applicable).**

Transaction

**PART E — Information about the individual conducting the transaction if it is a deposit into a business account —  
other than a night deposit or quick drop (if applicable)**

If the transaction is reportable as one of multiple cash transactions of less than \$10,000 each and, because of this, information for any mandatory fields in this part was not obtained at the time of the transaction (and is not available from your records), you can leave those fields blank.

1. Surname\* (if this part is applicable)

2. Given name\* (if this part is applicable)

3. Other/Initial



**NOTE: Please copy this page for each additional disposition (if required).**

Transaction

Disposition

**PART F — Information about the entity on whose behalf the transaction was conducted (if applicable)**

If the transaction is reportable as one of multiple cash transactions of less than \$10,000 each and, because of this, information for any mandatory fields in this part was not obtained at the time of the transaction (and is not available from your records), you can leave those fields blank.

1. Name of corporation, trust or other entity\* (if this part is applicable)

2. Type of business\* (if this part is applicable)

3. Street address\* (if this part is applicable)

4. City\* (if this part is applicable)

5. Province or state\* (if this part is applicable)

6. Country\* (if this part is applicable)

7. Postal or Zip code\* (if this part is applicable)

8. Business telephone number (with area code)

8A. Telephone extension number

9. Incorporation number\* (if applicable and if this part is applicable)

10. Place of issue – Province or State\* (if applicable and if this part is applicable)

11. Place of issue – Country\* (if applicable and if this part is applicable)

12. Individual(s) authorized to bind the entity or act with respect to the account (up to three)

1

2

3



**NOTE: Please copy this page for each additional disposition (if required).**

Transaction

Disposition

**PART G — Information about the individual on whose behalf the transaction was conducted (if applicable)**

If the transaction is reportable as one of multiple cash transactions of less than \$10,000 each and, because of this, information for any mandatory fields in this part was not obtained at the time of the transaction (and is not available from your records), you can leave those fields blank.

1. Surname\* (if this part is applicable)

2. Given name\* (if this part is applicable)

3. Other/Initial

4. Street address\* (if this part is applicable)

5. City\* (if this part is applicable)

6. Province or State\* (if this part is applicable)

7. Country\* (if this part is applicable)

8. Postal or Zip code\* (if this part is applicable)

9. Home telephone number (with area code)

10. Business telephone number (with area code)

10A. Telephone extension number

11. Individual's date of birth

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| YEAR                 | MONTH                | DAY                  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

12. Individual's identifier

- Birth certificate     Driver's licence     Passport     Provincial health card     Record of landing / Permanent resident card
- Other

13. ID number (from question 12)

14. Country of residence

15. Place of issue of individual's identifier – Province or State

16. Place of issue of individual's identifier – Country

17. Individual's occupation

**Relationship**

18. Relationship of the individual named in Part D or Part E to the individual named above (fields 1 to 3)

- Accountant     Borrower     Customer     Friend     Relative
- Agent     Broker     Employee     Legal counsel     Other

DESCRIPTION (OTHER)