

# International Electronic Funds Transfer Report

If you have the capability to report electronically, or if you have to report a SWIFT EFT, DO NOT use this paper form. Refer to FINTRAC's reporting guidance for your sector at: http://www.fintrac-canafe.gc.ca .

Use this form if you are a reporting entity and you have to send an electronic funds transfer (EFT) report to FINTRAC about an incoming or outgoing international EFT. An EFT is the transmission of instructions for a transfer of funds through any electronic, magnetic or optical device, telephone instrument or computer. For more information about which EFTs have to be reported and who is considered a reporting entity and for instructions on how to complete this form, refer to FINTRAC's reporting guidance for your sector or call FINTRAC's toll-free enquiries line at 1-866-346-8722.

FINTRAC, Section A, 234 Laurier Avenue West, 24th Floor, Ottawa, Ontario K1P 1H7 Send completed form by mail: or send completed form by fax: 1-866-226-2346 Is this Report a correction to a Report previously submitted? • Enter the original Report's Date and Time N0 • COMPLETE this first page — whether the information has changed or not | 2 | 0 | REPORTING DATE Provide the new information ONLY for the affected fields YFAR MONTH in Part A through Part G TIME If removing information from a field, strike a line through the field 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. **General information** 1. Reporting entity's full name 1A. Reporting entity report reference number Whom can FINTRAC contact about this report? 3. Contact - Given name 2. Contact - Surname 4. Contact - Initial/Other 5. Contact - Telephone number (with area code) 6. Contact - Telephone extension number Is this report about an incoming or outgoing EFT? 24-hour rule Is this report about an EFT of less than \$10,000 that is part of a group of two or more such EFTs made OUTGOING EFT (sent outside Canada from within Canada) within 24 consecutive hours of each other that total \$10,000 or more? INCOMING EFT (sent to Canada from outside Canada) If an EFT is reportable as one of multiple EFTs of less than \$10,000, and because of this, information for any mandatory fields in the report was not obtained at the time of the transaction (and the information is not available from your records), you can leave those fields blank. Use a separate form for each EFT that you have to report, whether or not the 24-hour rule applies.



#### PART A — Information about the transaction (when the EFT was sent)

1. Time of transaction 2. Date of transaction*    MINUTES   SECONDS   YEAR   MONTH   DAY
PART B — Information about the client ordering the EFT
Name of the client that ordered the EFT. (If the client is an entity, complete field 1. If it is an individual, complete fields 2, 3 and 4.)
1. Full name of entity*
Or Or
Full name of individual  2. Surname*  4. Other/Initial
2. Surname* 4. Other/Initial
Address of the client ordering the EFT 5. Street address
3. Attect additions
( Giv.
6. City
7. Province or state  8. Country
9. Postal or Zip code
10. Telephone number (with area code)
Additional information about the client ordering the EFT  11. Date of birth (if the client is an individual)
YEAR MONTH DAY
12. Occupation (if the client is an individual)
13. Client's account number (if applicable)
14. Client's identifier (if the client is an individual)
□ Birth certificate     □ Driver's licence     □ Provincial health card     □ Record of landing / Permanent resident card
Other DESCRIPTION (OTHER)
15. Client identifier number

### ${\bf PART\ C -- Information\ about\ the\ individual\ or\ entity\ sending\ the\ payment\ instructions\ for\ the\ EFT}$

Name of the entity or individual sending the payment instructions for the EFT. (If the client is an entity, complete field 1. If it is an individual, complete fields 2, 3 and 4.)
1. Full name of entity *
or or
Full name of individual  2. Surname*  4. Other/Initial
Address of the entity or individual sending the payment instructions 5. Street address*
6. City*
7. Province or state*  8. Country*
9. Postal or Zip code*
PART D — Information about any third party related to the EFT order (if the client ordering the EFT is acting on behalf of a third party)
Name of the third party on whose behalf the EFT was ordered. (If the third party is an entity, complete field 1. If it is an individual, complete fields 2, 3 and 4.)
1. Full name of entity
Or .
Full name of individual
2. Surname 3. Given name 4. Other/Initial
Address of the third party related to the EFT order  5. Street address
6. City
7. Province or state 8. Country
9. Postal or Zip code
Additional information about the third party related to the EFT order  10. Date of birth (if the third party is an individual)
YEAR MONTH DAY
11. Occupation (if the third party is an individual)
12. Third party's identifier (if the third party is an individual)
□ Birth certificate     □ Driver's licence     □ Provincial health card     □ Record of landing / Permanent resident card
Other   DESCRIPTION (OTHER)

### ${\bf PART\ E--Information\ about\ the\ individual\ or\ entity\ receiving\ the\ payment\ instructions\ for\ the\ EFT}$

Name of the entity or individual receiving the payment instructions for the EFT. (If the client is an entity, complete field 1. If it is an individual, complete fields 2, 3 and 4.)  1. Full name of entity*
1. run name of endry
Or .
Full name of individual
2. Surname*  3. Given name*  4. Other/Initial
Address of the entity or individual receiving the payment instructions for the EFT 5. Street address *
3. Street dutiess
6. City*
7. Province or state*  8. Country*
7. FIDVINICE OF STATE**
9. Postal or Zip code*
PART F — Information about the client to whose benefit payment is made
TART I — Information about the thent to whose benefit payment is made
Name of the client to whose benefit EFT is paid. (If the client is an entity, complete field 1. If it is an individual, complete fields 2, 3 and 4.)
1. Full name of entity*
or
Full name of individual
2. Surname*  3. Given name*  4. Other/Initial
Address of the client to whose benefit EFT is paid 5. Street address
6. City
7. Province or state 8. Country
9. Postal or Zip code
10. Telephone number (with area code)
Additional information about the client to whose benefit EFT is paid
11. Date of birth (if the client is an individual)
YEAR MONTH DAY
12. Occupation (if the client is an individual)
13. Client's account number * (if applicable)
14 Clienté identifica (if the dient is an individual)
14. Client's identifier (if the client is an individual)
□ Birth certificate □ Driver's licence □ Passport □ Provincial health card □ Record of landing / Permanent resident card
Other DESCRIPTION (OTHER)
Common (official)

## PART G — Information about any third party beneficiary of the EFT payment (if the client to whose benefit the payment is made is acting on behalf of a third party)

Name of the third party on whose behalf the EFT was paid. (If the third party is an entity, complete field 1. If it is an individual, complete fields 2, 3 and 4.)
1. Full name of entity
or
Full name of individual
2. Surname 3. Given name 4. Other/Initial
Address of the third party on whose behalf the EFT was paid 5. Street address
6. City
7. Province or state 8. Country
9. Postal or Zip code
Additional information about the third party on whose behalf the EFT was paid  10. Date of birth (if the third party is an individual)
YEAR MONTH DAY
11. Occupation (if the third party is an individual)
12. Third party's identifier (if the third party is an individual)
12. Time party Statement (it the time party is an internate)
□ Birth certificate □ Driver's licence □ Passport □ Provincial health card □ Record of landing / Permanent resident card
Other DESCRIPTION (OTHER)

The information on this form is collected under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (the *Act*). It will be used for analytical purposes and may also be used for the purposes of ensuring compliance with the Act. Any personal information is protected under the provisions of the *Privacy Act*. For more information, consult http://www.fintrac-canafe.gc.ca/atip-aiprp/infosource-eng.asp.