



# Large Cash Transaction Report (LCTR)

If you have the capability to report electronically, DO NOT use this paper form. Refer to the LCTR reporting 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 LCTR to FINTRAC. All REs that receive \$10,000 (CAD) or more in cash in a single transaction must submit an LCTR to FINTRAC. An LCTR must also be submitted to FINTRAC in accordance with the 24-hour rule when you receive two or more amounts in cash that total \$10,000 (CAD) or more within a consecutive 24-hour window, and you know that those transactions are:

- conducted by the same person or entity;
- conducted on behalf of the same person or entity; or
- for the same beneficiary.

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 LCTR 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.

**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:

\*Reporting entity's full name:

### 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 precious stones	Money services business	

### Whom can FINTRAC contact about this report?

\*Surname:

\*Given name:

Other/initial:

\*Telephone number (with area code):

Extension number:

Email address:

### Report information

\*24-hour aggregation type:

**Beneficiary**

**Conductor**

**On behalf of**

**Not applicable**

\*24-hour period start:

\*24-hour period end:

Date **20** \_\_\_\_\_  
YEAR MONTH DAY  
Time \_\_\_\_\_  
HOUR MINUTES SECONDS UTC offset + \_\_\_\_\_  
- HOUR MINUTES

Date **20** \_\_\_\_\_  
YEAR MONTH DAY  
Time \_\_\_\_\_  
HOUR MINUTES SECONDS UTC offset + \_\_\_\_\_  
- 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 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**

\*Date and time of transaction:

Date	<u>20</u>								
	YEAR	MONTH	DAY						
Time				UTC offset	+				
	HOUR	MINUTES	SECONDS		-	HOUR	MINUTES		

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

Date	<u>20</u>								
	YEAR	MONTH	DAY						
Time				UTC offset	+				
	HOUR	MINUTES	SECONDS		-	HOUR	MINUTES		

\*Method of transaction:

<b>Automated banking machine</b>	<b>In person</b>	<b>Quick drop</b>	<b>Other</b> (provide description below)
<b>Armoured car</b>	<b>Mail deposit</b>	<b>Self-redemption kiosk</b>	
<b>Courier</b>	<b>Night deposit</b>	<b>Virtual currency ATM</b>	

Other description:

\*Threshold indicator — Was the amount of cash received equivalent to or above 10,000 CAD, or below the 10,000 CAD threshold?

<b>Above threshold</b>	<b>Below threshold</b>
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\*Reporting entity transaction reference number:

Purpose of transaction:

**Information about where the cash was received**

\*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:

Please copy this page for each additional starting action

Starting action of for transaction of

### Starting action

Provide information about how the transaction started, including the amount and currency of cash, where the cash came from, the conductor of the transaction and any on-behalf-of party (if applicable).

\*Amount:

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

How was the cash obtained?

Please copy this page for each additional source of cash

Starting action of for transaction of

\*Was information about the source of cash obtained?

Yes (Provide information on the source of cash)

No (Go to the next page)

**Source of cash – 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 cash – 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

\*Does this transaction involve a deposit to a business account?

**Yes** (Go to the information about the person or entity conducting the transaction into a business account page)

**No** (Complete the information below on the person or entity conducting the transaction)

### Information about the person conducting 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:

\*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 method 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

Starting action of for transaction of

### Information about the entity conducting 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:

\*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>Articles of association</b> <b>Annual report</b>	<b>Certificate of corporate status</b> <b>Certificate of incorporation</b>	<b>Letter/Notice of assessment</b> <b>Partnership agreement</b>	<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:

Please copy this page for each additional person or entity

Starting action of for transaction of

**Information about the person conducting the transaction into a business account (if applicable)**

\*Surname:

\*Given name:

Other/Initial:

**Information about the entity conducting the transaction into a business account (if applicable)**

\*Name of entity:

Please copy this page for each additional person

Starting action of for transaction of

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

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

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

### 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:

<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 method 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):

## Relationship of the person named above to the person or entity conducting the transaction

\*Relationship:

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

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 (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:

\*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> <b>Articles of association</b>	<b>Certificate of corporate status</b> <b>Certificate of incorporation</b>	<b>Letter/Notice of assessment</b> <b>Partnership agreement</b>	<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 the transaction**

\*Relationship:

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

Please copy this page for each additional completing action

Completing action of for transaction of

### Completing action

Provide information about how the 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.

\*Details of disposition:

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

Other description:

\*Amount — If the disposition was in funds:

\*Currency code — If the disposition was in funds, provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

\*Amount — If the disposition was in virtual currency:

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

Full name

Abbreviation

Exchange rate:

\*Value in Canadian dollars — If the disposition was not in funds:

\*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):

### Account information (if applicable)

\*Financial institution number:

\*Branch number:

\*Account number:

\*Account type:

<b>Business</b>	<b>Personal</b>	<b>Other (provide description below)</b>
<b>Casino</b>	<b>Trust</b>	

Other description:

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

Date account opened:

YEAR MONTH DAY

Please copy this page for each additional account holder

Completing action of for transaction of

**Account holder(s)**

**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? — Other than the conductor, on behalf of, or beneficiary

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

**No** (Go to person beneficiary or entity beneficiary page. There must always be a minimum of one beneficiary per transaction)

**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

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

\*Surname:

\*Given name:

Other/Initial:

Alias:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

Street address:

City:

District:

Province or state:

Sub-province and/or sub-locality:

Country:

Postal or zip code:

Telephone number (with area code):

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

Relationship:

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

Please copy this page for each additional entity

Completing action of for transaction of

### Information about the entity beneficiary (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:

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>Articles of association</b> <b>Annual report</b>	<b>Certificate of corporate status</b> <b>Certificate of incorporation</b>	<b>Letter/Notice of assessment</b> <b>Partnership agreement</b>	<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 the transaction

Relationship:

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

The information on this form is collected under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act (the Act). The Act sets out FINTRAC's legal authorities regarding the receipt, collection, use, disclosure, and disposition of the personal information under its control. The information will be used for analytical purposes and may also be used for the purposes of ensuring compliance with the Act. Any personal information is also protected under the provisions of the Privacy Act. Each report received by FINTRAC under paragraph 54(1)(a) of the Act and all information received under paragraph 54(1)(a) or (b) must be retained for 10 years beginning on the day on which the report is received or information is received or collected. Fifteen years after the day on which a report is received, any identifying information contained in the report must be destroyed, if the information contained in the report was not disclosed under sections 55(3), 55.1(1), or 56.1(1) or (2) of the PCMLTFA. The information will be stored in FINTRAC's Institution-Specific Personal Information Bank – "Financial Analysis and Disclosures" (PPU 020). For more information, consult [FINTRAC's website](#).