

Casino Disbursement Report

If you have the capability to report electronically, 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 casino and you have to report a casino disbursement to FINTRAC. A casino disbursement is the payment of an amount of \$10,000 or more in the course of a single transaction. A casino disbursement also includes the payment of two or more disbursements of less than \$10,000 received 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 casino disbursement reports and for instructions on how to complete this form, refer to FINTRAC's reporting quidance for your sector 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 Is this report a correction to a report previously submitted? YES • Enter the original report's date and time NO COMPLETE PART A — whether the information has changed or not [**2** | **0 REPORTING DATE** · Provide the new information ONLY for the affected fields in YFAR MONTH DAY Part B through Part I TIME • If removing information from a field, strike a line through the field All fields of the report marked with an asterisk (*) must be completed. For all other fields, you have to make reasonable efforts to get the information. "Reasonable efforts" means that you tried to get the information requested on the report. If the information is available to you, you must provide it in the report. If the information was not available at the time of the transaction, and it is not contained in your files or records, the field may be left blank. PART A -— Information about the casino reporting the disbursement 1. Is this report about a transaction of less than \$10,000 that is part of a group of two or more such transactions made within 24 consecutive hours of each other that total \$10,000 or more? Include each transaction in a separate report. O Yes Include each transaction that is part of the 24-hour rule group in the same casino disbursement report. 2. Reporting entity's identifier number* 2A. Reporting entity's full name* 3. Reporting entity report reference number Whom can FINTRAC contact about this report? 4. Contact - Surname* 5. Contact - Given name* 6. Contact - Other/Initial

8. Contact - Telephone extension number



7. Contact – Telephone number (with area code)*

| Transaction | of |
|-------------|----------------|
| | (24-hour rule) |

PART B — Information about the transaction

| Where did the transaction take place | ? | | | | | | | | | | | | | | | | | | |
|---|---------|------------------|----------|---|-------------------|----|---------|-------|---|-----------------|------------|--------|---------|-----|--|--|--|---|--|
| 1. Casino location | | | | | | | | | | | | | | | | | | | |
| Street address* | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| City* | | | | | | | | | | | | | | | | | | | |
| | | | | | | | \perp | | Ш | | | | | | | | | | |
| Province* | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Postal code* | | | | | | | | | | | | | | | | | | | |
| | | ل | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 2. How was the transaction conducted?** | | | | | | | | | | | | | | | | | | | |
| | ○ Self- | redemptio | on kiosk | (| ⊃ Couri | er | | | 0 | Other | | | | | | | | | |
| 2. How was the transaction conducted?* On person Mail | ○ Self- | redemption phone | on kiosk | | ⊃ Couri ⊃ Armo | | nr | | | Other (provi | script | ion ir | n field | B3) | | | | | |
| ○ In person ○ Mail | | | on kiosk | | | | ar | | | | script | ion ir | n field | B3) | | | | | |
| ○ In person | | | on kiosk | | | | ar | | | | script | ion ir | n field | B3) | | | | | |
| ○ In person ○ Mail | | | on kiosk | | | | nr | | | | script | ion ir | n field | B3) | | | | 1 | |
| In person Mail 3. Other description | | | on kiosk | | | | nr | | | | script | ion ir | n field | B3) | | | | | |
| In person Mail 3. Other description 4. Date of transaction* 2 0 | | | on kiosk | | | | ar | 1 | | | script | ion ir | n field | B3) | | | | 1 | |

| Transaction | of |
|-------------|----------------|
| | (24-hour rule) |

${\bf PART\,C--Information\,about\,the\,individual\,who\,requested\,the\,disbursement}$

If the transaction is reportable as one of multiple 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 in your records), you can leave those fields blank.

| 1. Is there a client number assign | ned by the reporting casino | o for this individual? | | | |
|--|-----------------------------|------------------------------------|----------------------------|-----------------------------|---|
| ○ No (skip field C2) ○ |) Yes | | | | |
| 2. Client number assigned by the | e reporting casino | | | | |
| Individual's full name: | | | | | |
| 3. Surname* | | | | | |
| 4. Given name [★] | | | | | |
| 5. Other/Initial | | | | | |
| Individual's full address: | | | | | |
| 6. Street address* | | | | | |
| 7. City* | | | | | |
| 8. Province or state* | | | | | |
| 9. Country* | | | | | |
| 10. Postal or zip code * | | | | | |
| 11. Home telephone number (wi | ith area code) | | | | |
| 12. Business telephone number | (with area code) | | | | |
| 13. Business telephone exte | ension number | | | | |
| 14. Individual's date of birth* | YEAR MI | MONTH DAY | | | |
| 15. Country of residence | | | | | |
| Individual's identifier (ID) type a | nd number: | | | | |
| 16. Individual's identifier * | | | | | |
| ○ Birth certificate○ Driver's licence | | Passport Provincial health card | ○ Record of L Permanent | anding/ t resident card | ○ Social insurance number (SIN) card ○ Other (provide description in field C17) |
| 17. Other description | | | | | |
| | | | | | |
| 18. ID number* (If SIN card, do | not provide number) | | | | |
| 19. Jurisdiction of issue - Country | y * | | | | |
| 20. Jurisdiction of issue - Province | e or state* | | | | |
| 21. Individual's occupation* | | | | | |
| | | | | | |
| 22. Did the individual who receive | ved the disbursement do so | o on behalf of anyone else? | | | |
| O Not applicable (skip Pa | | | | | |
| | | out the entity on whose behalf dis | | | |
| ∪ Un benait of another | inaividuai (Provide infori | rmation about the individual on w | nose penait dispursemer | it was received in Part E.) | |

| Transaction | of |
|-------------|----------------|
| | (24-hour rule) |

PART D — Information about the entity on whose behalf disbursement was received (if applicable)

If the transaction is reportable as one of multiple 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 in your records), you can leave those fields blank.

If the individual who received the disbursement did so on behalf of an entity, provide information about that entity in fields D1 to D16. Otherwise, skip Part D.

| 1. Full name of entity* | | |
|---------------------------------|---|---|
| | | |
| | | |
| 2. Type of business* | | |
| | | |
| Entity's full address: | | |
| 3. Street address * | | |
| 4. City* | | |
| 5. Province or state* | | |
| 6. Country* | | |
| 7. Postal or zip code* | | |
| 8. Business telephone number | er (with area code) | |
| 9. Business telephone e | rtension number | |
| 10. Is the entity a corporation | ? ? | |
| ○ No (skip fields D | 1 to D13). | |
| O Yes (provide inco | poration information in fields D11 to D13): | |
| 11. Incorporation numb | er* | |
| 12. Jurisdiction of incorp | oration — Country* | ل |
| 13. Jurisdiction of incorp | oration — Province or state* | ل |
| Individual(s) authorized to b | nd the entity or act with respect to the casino account (up to three) | |
| Individual 1 | | |
| 14. Surname | | |
| 15. Given name | | |
| 16. Other/Initial | | |
| Individual 2 | | |
| 14. Surname | | |
| 15. Given name | | |
| 16. Other/Initial | | |
| Individual 3 | | |
| 14. Surname | | |
| 15. Given name | | |
| 16. Other/Initial | | |

| Transaction | of |
|-------------|----------------|
| | (24-hour rule) |

PART E — Information about the individual on whose behalf disbursement was received (if applicable)

If the transaction is reportable as one of multiple 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 in your records), you can leave those fields blank.

If the individual who received the disbursement did so on another individual's behalf, provide information about that other individual in fields E1 to E21. Otherwise, skip Part E.

| | | | | | - | · · · · · · · · · · · · · · · · · · · | J |
|---|---|--|----------------------|-----|--|--|-------|
| ○ Accountant○ Agent | ○ Borrower○ Broker | | Customer Employee | | ○ Friend○ Legal counsel | RelativeOther (provide description in field E21) | |
| 20. Relationship of the individual | named in Part C to | the individual nam | ed above | | | | |
| 13. marviauai s occupation | | | | | | | |
| 19. Individual's occupation | or state | | | | | | |
| 17. Jurisdiction of issue — Country | | | | | | | |
| ום. וט number (וז SIN card, do not 17. Jurisdiction of issue — Country | | | | | | | 1 1 1 |
| 16. ID number (If SIN card, do not | nrovido number\ | | | | | | |
| 15. Other description | 1 1 1 1 | 1 1 1 1 | 1 1 1 1 | 1 1 | | | 1 1 1 |
| Birth certificateDriver's licence | | ○ Passport○ Provincial head | ealth card | 0 | Record of Landing/ Permanent resident card | Social insurance number (SIN) card Other (provide description in field E15) | |
| | | | | | | 0.4.11 | |
| Individual's identifier (ID) type and 14. Individual's identifier | a number: | | | | | | |
| 3. Country of residence | | | | | | | |
| 2. Individual's date of birth | YEAR | MONTH DAY | | 1 1 | | | |
| 11. Business telephone exten | sion number | | | | | | |
| O. Business telephone number (v | | | | | | | |
| P. Home telephone number (with | | | | | | | |
| 8. Postal or zip code* | | | | | | | |
| 7. Country* | | | | | | | |
| 6. Province or state* | | | | | | | |
| 5. City* | | | | | | | |
| 4. Street address* | | | | | | | |
| ndividual's full address: | | | | | | | |
| 3. Other/Initial | | | | | | | |
| 2. Given name* | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Please copy this part for each additional re | ason (if required) | | | |
|--|--|--|---------------------------------------|--|
| | | Reason fo | or disbursement (| of transaction of (24-hour rule) |
| PART F1 — Reason for disbursement | | | | |
| Indicate reason for disbursement. Include the amount and curr reports by fax or mail. If multiple reasons exist for the same disbursement, enter all t | | dian dollars or USD for United Sta | tes dollars. If another type of curre | ency, refer to FINTRAC's guidance for submitting |
| 1. Reason for disbursement* | 3. Amount* | | 4. Currency code* | |
| ○ Redemption | | | | |
| ○ Slot tickets | | | | |
| Chips or tokens | | | | |
| ○ Plaques | | | | |
| Front cash withdrawal | | | | |
| Safekeeping withdrawal | | | | |
| Advance on credit | | | | |
| ○ Counter cheque | | | | |
| ○ Casino credit account | | | | |
| Marker issued | | | | |
| Other (provide description in field F1-2) | | | | |
| 2. Other description | | | | |
| ○ Payment | | | | |
| Bets | | | | |
| Casino stored value card | | | | |
| ○ Slot jackpots (other than slot tickets) | | | | |
| ○ Table jackpot | | | | |
| Tournament payout | | | | |
| Draw or prize payout | | | | |
| Of credit for recipient | | | | |
| Of credit for other than recipient | | | | |
| Cashing of negotiable instruments | | | | |
| Bank draft | | | 1 1 1 1 | |
| Casino cheque | | | | |
| Cheque (from other than a casino) | | | | |
| Money order | | | | |
| Traveller's cheque | | | | |
| Reimbursement | | | | |
| Entertainment expenses | | | | |
| Travel expenses | | | | |
| · | | | | |
| i. Did the reason for disbursement involve a casino account ? | | | | |
| ○ No | und in Part () | | | |
| Yes (provide information about each casino account invol Was there any individual (other than these named in Part Core | | or dichurcoment? | | |
| 5. Was there any individual (other than those named in Part C or | E OF UTER CHAINS ACTION ASSOCIATED TO THE REASON F | or arsparsement? | | |
| ○ No | | | | |
| Yes (complete Part H) | attended in December 1911 | and a share of the state of the | | |
| 7. Was there any entity (other than the reporting casino or any en | itity named in Part V of this transaction) associa | atea to the reason for disburseme | ent? | |
| O No | | | | |
| Yes (complete Part I) | | | | <u> </u> |

| Please copy this part for each additional m | ethod (if required) |
|---|--|
| | Method of disbursement of transaction (24-hour rule) |
| PART F2 — Method of disbursement | |
| Indicate method of disbursement. Include the amount and cur reports by fax or mail. If multiple methods were used, enter all that are applicable. | rency code. For currency code, enter CAD if Canadian dollars or USD for United States dollars. If another type of currency, refer to FINTRAC's guidance for submitting |
| 1. Method of disbursement* | 3. Amount* 4. Currency code* |
| Applied to credit card | |
| Added to a casino stored value card | |
| Deposited to an account at a financial institution | |
| ○ Issued a cheque | |
| Sent international funds transfer | |
| Sent domestic funds transfer | |
| O Paid out in cash | |
| ○ Transferred to another casino | |
| Other (provide description in field F2-2) | |
| 2. Other description | |
| 5. Did the method for disbursement involve a casino account ? | |
| ○ No | |
| O Yes (provide information about each casino account invol | ved in Part G) |
| 6. Was there any individual (other than those named in Part C or | E of this transaction) associated to the method of disbursement? |
| ○ No | |
| ○ Yes (complete Part H) | |
| 7. Was there any entity (other than the reporting casino or any e | ntity named in Part D of this transaction) associated to the method of disbursement? |
| ○ No | |
| ○ Yes (complete Part I) | |

| Please copy this part for each additional account (if required) Account of for reason for disbursement of transaction of 24-hour rule) Account of for method of disbursement of transaction of transaction of 24-hour rule) PART 6 — Account information (if the disbursement involved a casino account) If the reason runched of disbursement involved a running count, yeter account information for each running account) If the reason runched disbursement involved a running count, yeter account information for each running account | | |
|--|--|--|
| Please copy this part for each additional account (if required) Account of formethod of disbursement of variance count of the disbursement of variance count) If the resease or method of disbursement moderal accino account union account of accino account information (if the disbursement involved a casino account) If the resease or method of disbursement moderal accino account union account on the disbursement involved a casino account associated to the disbursement. If more this nove casino account was associated to the disbursement. If there was no accino account moderal and the disbursement, with Part 6. Is there as identifier number for the casino where the account is held? In the standard account of the accino where the account is held? In the formation where the account the disbursement involved account of the disbursement. It there are identifier number of the casino where the account is held? In the formation where the account is held? | | Account of for reason for disbursement of transaction of |
| Account of for method of disbursement of transaction of C4-hour rule) PART G — Account information (if the disbursement involved a casino account) If the reason or method of disbursement involved a casino account surface and of disbursement. If more than one casino account was associated to the disbursement, also frait for each casino account involved to the disbursement. If more than one casino account was associated to the disbursement. If the even a casino account method in the disbursement involved a casino account is account involved. A figure discount* If the even a casino account method in the disbursement is held? O the casin fraited of the casino where the account is held? O the casin fraited of the casino account involved in the disbursement. If more than one casino account was associated to the disbursement information for each casino account involved in the disbursement. If more than one casino account was associated to the disbursement information for each casino account information for each casino acco | Diama annuali annua | (24-hour rule |
| PART G — Account information (if the disbursement involved a casino account) If the reason or method of disbursement involved a casino account, over account information for each casino account associated to the disbursement involved a casino account, instance to each casino account involved in the disbursement, skip for G. Is better an information (if the disbursement involved a casino account instance account associated to the disbursement, skip for G. Is better an information for the casino where the account is beld? O to fight field G2D O Yes C clinic distinction marker where the account is beld? So Other develoption Front managery once* Information distins or VIDI for binded States desline. If another type of corectory, refer to \$RITACS guidance for submitting reports by face or mail. Final name of account held by: O this (state) fields G3 to G10) O Yes (complete field G3 to G10) An exity? O No (state) field G11) | | f required) |
| PART G — Account information (if the disbursement involved a casino account) If the record or method of disbursement involved a casino account information for each casino account, associated to the disbursement. If more than one casino account was associated to the disbursement, electric he information for each casino account information for each casino account, associated to the disbursement. If more than one casino account was associated to the disbursement. If there was no ecisin account before the casino where the account is held? O he is dish fields (i) O be Casino described member where the account is held? O consider comber marker where the account is held? O consider described in the disbursement is held (ii) O considered in the disbursement in the disbursement. Account number ⁽ⁱ⁾ A. Account n | | Account of for method of disbursement of transaction of |
| If the resum or method of disbusement involved a coins account interest than fore cath classification of reach classifier account was associated to the disbusement. If more than one cabin account was associated to the disbusement, which is the way not a cabin account involved in the disbusement, skip Part C. It is there an identifier number of the casion where the account is held? O les is high field 62] O Yes 2. Coins identifier number where the account is held? S. Account number? S. Account number? S. Account number is provided excreption in field 65) S. Other description S. Account currency code.* S | | (24 Hour faile |
| It there was no carino account involved in the disbursement, skip Part C. It there as a infertifier number for the casion where the account is held? O to lot like field (c2) O Yes C. coince determine number where the account is held? O the of account* O there do coint number where the account is held? O there do coint number where the account is held? O there do coint number where the account is held? O there do coint number where the account is held? O there do coint number where the account is held? O there do coint number where the account is held? O there do coint number where the account is held? O there do coint number where the account is held? O there do coint number where the account is held? O there do coint number where the account is held? O there do account number where the account is held? O there do account number where the account is held? O there do account number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O there do account number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where the account is held? O the coint number where where where account is held? O the coint number where where account is held? O the coint number where where account is held? O the c | PART G — Account inform | mation (if the disbursement involved a casino account) |
| It here was no casino account innothed in the discloursement, skip Part C. I. Is there an identifier number whose the account is held? O too Caty Field C. Vec. 2. Casino identifier number whose the account is held? 3. Account number. | If the reason or method of disbursen | ement involved a casino account, enter account information for each casino account associated to the disbursement. If more than one casino account was associated to the disbursement, |
| 1.6 there an identifier number for the casino where the account is held? | | |
| No (skip field G) Yes 2. Carolin detailfor number where the account is held * 3. Account number.* 4. Type of account.* Other (provide description Front money Other (provide description in field GS) 5. Other description 6. Account currency cade.* Enter CAD if Canadian dollars or USD for limited States dollars. If another type of currency, refer to FINTRACs guidance for submitting reports by fax or mail. Final name of account holder.* 7. Is this account holder.* 7. Is this account holder & So to 10 for each account holder 10. Other/Initial 8. Sumanne 9. Given name 10. Other/Initial | II there was no casino account involv | ived in the dispursement, skip ratt d. |
| 2. Casino identifier number where the account is held ** A. Type of account** A. Type | 1. Is there an identifier number for the | e casino where the account is held? |
| 1. Type of account New Credit | ○ No (skip field G2) ○ Yes | |
| I. Type of account* Credit Front money Other (provide description in field 65) | 2. Casino identifier number where | e the account is held* |
| S. Other description S. Account currency code* S. Account currency code* S. Account currency code* S. Account dollars or USD for United States dollars. If another type of currency, refer to FINTRAC's guidance for submitting reports by fax or mail. Find account holde * V. Is this account hold by: One or more individuals? One of pictifieds 63 to 610 for each account holder) Individual 1 8. Surname 9. Given name 10. Other/initial Individual 3 8. Surname 9. Given name 10. Other/initial Individual 3 8. Surname 9. Given name 10. Other/initial Individual 3 8. Surname 9. Given name 10. Other/initial Individual 3 8. Surname 9. Given name 10. Other/initial Individual 3 8. Surname 9. Given name 10. Other/initial | 3. Account number* | |
| S. Other description S. Account currency code* S. Account currency code* S. Account currency code* S. Account held by: One or more individuals? One or more individuals? One or more individuals? No (skip fields G8 to G10 for each account helder) Individual 2 8. Surname 10. Other/initial Individual 3 8. Surname 9. Given name 10. Other/initial Individual 3 8. Surname 9. Given name 10. Other/initial Individual 3 8. Surname 9. Given name 10. Other/initial Individual 3 8. Surname 9. Given name 10. Other/initial Individual 3 8. Surname 9. Given name 10. Other/initial Individual 3 8. Surname 9. Given name 10. Other/initial | | |
| 5. Other description 5. Account currency code* Enter CAD If Canadian dollars or USD for United States dollars. If another type of currency, refer to FINTRAC's guidance for submitting reports by fax or mail. Full name of account holde exemple of the content o | ↓. Type of account* | |
| S. Account currency code* Linter CAD if Canadian dollars or USD for United States dollars. If another type of currency, refer to FINTRAC's guidance for submitting reports by fax or mail. Lill name of account holder* I. Is this account holder by: One or more individuals? O No (skip fields 68 to 610) Ves (complete fields 68 to 610 for each account holder) Individual 1 8. Sumame 9. Given name 10. Other/initial Individual 3 8. Sumame 9. Given name 10. Other/initial Individual 3 8. Sumame 9. Given name 10. Other/initial Individual 3 No (skip field 611) | ○ Credit ○ Front n | money Other (provide description in field G5) |
| Enter CAD if Canadian dollars or USD for United States dollars. If another type of currency, refer to FINTRAC's guidance for submitting reports by fax or mail. Full name of account holder ** 7. Is this account held by: One or more individuals? No (skip fields G8 to G10) Ye's (complete fields G8 to G10 for each account holder) Individual 1 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 No (skip field G11) | 5. Other description | |
| inter CAD If Canadian dollars or USD for United States dollars. If another type of currency, refer to FINTRAC's guidance for submitting reports by fax or mail. Figure 1 in a cocount holder ** It is this account held by: One or more individuals? One or more individuals? One or more individuals? One or more individual 1 8. Surname 9. Given name 10. Other/Initial Individual 2 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 No (skip field 611) | | |
| Full name of account holder ** 7. Is this account holder ** One or more individuals? No (skip fields G8 to G10) Yes (complete fields G8 to G10 for each account holder) Individual 1 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial | 5. Account currency code* | |
| rull name of account holder* 7. Is this account holder * 8. Is this account holder * 9. No (skip fields G8 to G10) 9 Yes (complete fields G8 to G10 for each account holder) Individual 1 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial | | |
| 7. Is this account held by: One or more individuals? No (skip fields G8 to G10) Yes (complete fields G8 to G10 for each account holder) Individual 1 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial | enter CAD if Canadian dollars or USD for | or United States dollars. If another type of currency, refer to FINTRAC's guidance for submitting reports by fax or mail. |
| One or more individuals? O No (skip fields G8 to G10) O Yes (complete fields G8 to G10 for each account holder) Individual 1 8. Surname 10. Other/Initial Individual 2 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 No (siven name 10. Other/Initial No (siven name 10. Other/Initial No (siven name 10. Other/Initial | | |
| ○ No (skip fields 68 to 610) ○ Yes (complete fields 68 to 610 for each account holder) Individual 1 8. Surname 9. Given name 10. Other/Initial Individual 2 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 No (skip field 611) | | |
| Yes (complete fields G8 to G10 for each account holder) Individual 1 8. Surname | | |
| Individual 1 8. Surname 9. Given name 10. Other/Initial Individual 2 8. Surname 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial Individual 3 No (Given name 10. Other/Initial No (Skip field G11) | • | O for each account holder) |
| 8. Surname 9. Given name 10. Other/Initial Individual 2 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial No Given name 10. Other/Initial | | 7. Gedi decodic iloloci, |
| 9. Given name 10. Other/Initial Individual 2 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial No Given name 10. Other/Initial | | |
| Individual 2 8. Surname | | |
| 8. Surname 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial No (skip field G11) | 10. Other/Initial | |
| 9. Given name 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial An entity? No (skip field G11) | Individual 2 | |
| 10. Other/Initial Individual 3 8. Surname 9. Given name 10. Other/Initial An entity? No (skip field G11) | 8. Surname | |
| Individual 3 8. Surname 9. Given name 10. Other/Initial In entity? No (skip field G11) | 9. Given name | |
| 8. Surname 9. Given name 10. Other/Initial An entity? No (skip field G11) | 10. Other/Initial | |
| 9. Given name 10. Other/Initial In entity? No (skip field G11) | Individual 3 | |
| 10. Other/Initial | 8. Surname | |
| An entity? O No (skip field G11) | 9. Given name | |
| O No (skip field G11) | 10. Other/Initial | |
| | An entity? | |
| ○ Yes (complete field G11) | | |
| | | |
| 11. Full name of entity | 11. Full name of entity | |

| | | $\overline{\qquad}$ | | | |
|--|---|--|---|--|-------------------|
| | | Individual of | associated with reason f | for disbursement of transaction | of (24-hour rule) |
| | this part for each | | | | (|
| additional ind | lividual (if required) | Individual of | associated with method o | of disbursement of transaction | of (24-hour rule) |
| | | | | | |
| PART H — Addi | tional information about ar | other individual associated | d to the disbursement | | |
| (and is not available in If the reason or method one individual was asso | your records), you can leave those fields | blank. idual associated to the disbursement (o formation for each one. | | fields in this part was not obtained at the time of the transactio f this transaction), enter the information about the individual. If | |
| Complete fields H1 to H3 f | or the reason of disbursement, the meth | od of disbursement, or both, as applica | able. | | |
| Full name of individual ass | sociated to the disbursement* | | | | |
| 1. Surname | | | | | |
| 2. Given name | | | | | |
| 3. Other/Initial | | | | | |
| 4. Was there an account fo | r this individual (other than the account | provided in Part G) associated to the di | isbursement? | | |
| O No (skip field H5) | | | | | |
| O Yes (provide the a | ccount number for the individual $^{f{st}}$ in fi | eld H5 for the reason of disbursement, | the method of disbursement, or both, as | s applicable) | |
| 5. Account number | | | | | |

| | Entity of associated with reason for disbursement of transaction of |
|---|--|
| Please copy this part for each | (24-hour rule) |
| additional entity (if required) | Entity of associated with method of disbursement of transaction (24-hour rule) |
| PART I — Additional information about an entity associated to the disbursement | |
| If the transaction is reportable as one of multiple 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 in your records), you can leave those fields blank. | |
| If the reason or method of disbursement involved another entity associated to the disbursement (other than the reporting casino or any entity named in Part D of this transaction), enter the information about the entity. | |
| If more than one entity was associated to the disbursement, enter the info | ormation for each one. |
| If there was no other entity associated to the disbursement, skip Part I. | |
| Complete field 11 for the reason of disbursement, the method of disbursement, or both, as applicable. | |
| Full name of entity associated to the disbursement * | |
| 1. Full name of entity | |
| | |
| | |
| 2. Was there an account for this entity (other than the account provided in Part G) associated to the disbursement? | |
| O No (skip field 3) | |
| O Yes (provide the account number for the entity * in field I3 for the reason of disbursement, the method of disbursement, or both, as applicable) | |
| | |
| 3. Account number | |

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.