

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 guidance 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?

NO

YES

- Enter the original report's date and time

Date 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 I
- If removing information from a field, strike a line through the field

REPORTING DATE

YEAR MONTH DAY

TIME

HOUR MINUTE

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**?

- No Include each transaction in a separate report.
 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

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

8. Contact – Telephone extension number

PART B — Information about the transaction

Where did the transaction take place?

1. Casino location

Street address*

City*

Province*

Postal code*

2. How was the transaction conducted?*

- | | | | |
|--|--|---|------------------------------------|
| <input type="radio"/> In person | <input type="radio"/> Self-redemption kiosk | <input type="radio"/> Courier | <input type="radio"/> Other |
| <input type="radio"/> Mail | <input type="radio"/> Telephone | <input type="radio"/> Armoured car | (provide description in field B3) |

3. Other description

4. Date of transaction*

| | | | | | | | |
|------|---|-------|--|-----|--|--|--|
| 2 | 0 | | | | | | |
| YEAR | | MONTH | | DAY | | | |

5. Time of transaction

| | | | | | |
|------|--|--------|--|---------|--|
| | | | | | |
| HOUR | | MINUTE | | SECONDS | |



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 assigned by the reporting casino for this individual?

- No (skip field C2) Yes

2. Client number assigned by the 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 (with area code)

12. Business telephone number (with area code)

13. Business telephone extension number

14. Individual's date of birth*
YEAR MONTH DAY

15. Country of residence

Individual's identifier (ID) type and number:

16. Individual's identifier*

- | | | | |
|---|--|---|--|
| <input type="radio"/> Birth certificate | <input type="radio"/> Passport | <input type="radio"/> Record of Landing/ Permanent resident card | <input type="radio"/> Social insurance number (SIN) card |
| <input type="radio"/> Driver's licence | <input type="radio"/> Provincial health card | | <input type="radio"/> Other (provide description in field C17) |

17. Other description

18. ID number* (If SIN card, do not provide number)

19. Jurisdiction of issue - Country*

20. Jurisdiction of issue - Province or state*

21. Individual's occupation*

22. Did the individual who received the disbursement do so on behalf of anyone else?

- Not applicable** (skip Part D and Part E)
- On behalf of an entity** (Provide information about the entity on whose behalf disbursement was received in Part D.)
- On behalf of another individual** (Provide information about the individual on whose behalf disbursement was received in Part E.)



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 (with area code)

9. Business telephone extension number

10. Is the entity a corporation?

No (skip fields D11 to D13).

Yes (provide incorporation information in fields D11 to D13):

11. Incorporation number*

12. Jurisdiction of incorporation – Country*

13. Jurisdiction of incorporation – Province or state*

Individual(s) authorized to bind 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



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.

Individual's full name:

1. Surname*

2. Given name*

3. Other/Initial

Individual's full address:

4. Street address*

5. City*

6. Province or state*

7. Country*

8. Postal or zip code*

9. Home telephone number (with area code)

10. Business telephone number (with area code)

11. Business telephone extension number

12. Individual's date of birth
YEAR MONTH DAY

13. Country of residence

Individual's identifier (ID) type and number:

14. Individual's identifier

Birth certificate
 Passport
 Record of Landing/
 Permanent resident card
 Social insurance number (SIN) card
 Driver's licence
 Provincial health card
 Other (provide description in field E15)

15. Other description

16. ID number (If SIN card, do not provide number)

17. Jurisdiction of issue – Country

18. Jurisdiction of issue – Province or state

19. Individual's occupation

20. Relationship of the individual named in Part C to the individual named above

Accountant
 Borrower
 Customer
 Friend
 Relative
 Agent
 Broker
 Employee
 Legal counsel
 Other (provide description in field E21)

21. Other description



Please copy this part for each additional reason (if required)

Reason for disbursement of transaction of
(24-hour rule)

PART F1 — Reason for disbursement

Indicate reason for disbursement. Include the amount and currency 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 reports by fax or mail.

If multiple reasons exist for the same disbursement, enter all that are applicable.

| 1. Reason for disbursement* | 3. Amount* | 4. Currency code* |
|---|----------------------|----------------------|
| <input type="checkbox"/> Redemption | | |
| <input type="checkbox"/> Slot tickets | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Chips or tokens | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Plaques | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Front cash withdrawal | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Safekeeping withdrawal | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Advance on credit | | |
| <input type="checkbox"/> Counter cheque | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Casino credit account | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Marker issued | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Other (provide description in field F1-2) | <input type="text"/> | <input type="text"/> |
| 2. Other description <input type="text"/> | | |
| <input type="checkbox"/> Payment | | |
| <input type="checkbox"/> Bets | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Casino stored value card | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Slot jackpots (other than slot tickets) | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Table jackpot | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Tournament payout | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Draw or prize payout | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Of credit for recipient | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Of credit for other than recipient | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Cashing of negotiable instruments | | |
| <input type="checkbox"/> Bank draft | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Casino cheque | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Cheque (from other than a casino) | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Money order | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Traveller's cheque | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Reimbursement | | |
| <input type="checkbox"/> Entertainment expenses | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Travel expenses | <input type="text"/> | <input type="text"/> |
| 5. Did the reason for disbursement involve a casino account ? | | |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes (provide information about each casino account involved in Part G) | | |
| 6. Was there any individual (other than those named in Part C or E of this transaction) associated to the reason for disbursement? | | |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes (complete Part H) | | |
| 7. Was there any entity (other than the reporting casino or any entity named in Part D of this transaction) associated to the reason for disbursement? | | |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes (complete Part I) | | |



Please copy this part for each additional method (if required)

Method of disbursement of transaction of
(24-hour rule)

PART F2 — Method of disbursement

Indicate method of disbursement. Include the amount and currency 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 reports by fax or mail.

If multiple methods were used, enter all that are applicable.

| 1. Method of disbursement* | 3. Amount* | 4. Currency code* |
|---|----------------------|----------------------|
| <input type="checkbox"/> Applied to credit card | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Added to a casino stored value card | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Deposited to an account at a financial institution | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Issued a cheque | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Sent international funds transfer | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Sent domestic funds transfer | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Paid out in cash | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Transferred to another casino | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Other (provide description in field F2-2) | <input type="text"/> | <input type="text"/> |
| 2. Other description | <input type="text"/> | |

5. Did the method for disbursement involve a **casino account**?

- No
- Yes (provide information about each casino account involved 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 entity 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 (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, enter account information for each casino account associated to the disbursement. If more than one casino account was associated to the disbursement, enter the information for each one.
If there was no casino account involved in the disbursement, skip Part G.

1. Is there an identifier number for the casino where the account is held?

No (skip field G2) Yes

2. Casino identifier number where the account is held*

3. Account number*

4. Type of account*

Credit Front money Other (provide description in field G5)

5. Other description

6. 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 holder*

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 2

8. Surname

9. Given name

10. Other/Initial

Individual 3

8. Surname

9. Given name

10. Other/Initial

An entity?

No (skip field G11)

Yes (complete field G11)

11. Full name of entity



Please copy this part for each additional individual (if required)

Individual of associated with reason for disbursement of transaction of (24-hour rule)

Individual of associated with method of disbursement of transaction of (24-hour rule)

PART H — Additional information about another individual 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 individual associated to the disbursement (other than those named in Part C or E of this transaction), enter the information about the individual. If more than one individual was associated to the disbursement, enter the information for each one.

If there was no other individual associated to the disbursement, skip Part H.

Complete fields H1 to H3 for the reason of disbursement, the method of disbursement, or both, as applicable.

Full name of individual associated to the disbursement*

1. Surname

2. Given name

3. Other/Initial

4. Was there an account for this individual (other than the account provided in Part G) associated to the disbursement?

No (skip field H5)

Yes (provide the account number for the individual* in field H5 for the reason of disbursement, the method of disbursement, or both, as applicable)

5. Account number



Please copy this part for each additional entity (if required)

Entity of associated with reason for disbursement of transaction of (24-hour rule)

Entity of associated with method of disbursement of transaction of (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 information for each one.

If there was no other entity associated to the disbursement, skip Part I.

Complete field I1 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?

- No (skip field I3)
- 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>.