



Suspicious Transaction Report (STR)

If you have the capability to report electronically, DO NOT use this paper form. Refer to the STR 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 STR to FINTRAC. All REs must submit an STR to FINTRAC when a financial transactions occurs, or is attempted, in the course of their activities and there are reasonable grounds to suspect that the transaction is related to the commission or attempted commission of a money laundering offence, a terrorist activity financing offence.

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 STR validation rules on [FINTRAC's website](#).

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 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:

<input type="checkbox"/> Accountant	<input type="checkbox"/> Co-op credit society	<input type="checkbox"/> Financial services cooperative	<input type="checkbox"/> Provincial savings office
<input type="checkbox"/> Bank	<input type="checkbox"/> Credit union	<input type="checkbox"/> Foreign money services business	<input type="checkbox"/> Real estate
<input type="checkbox"/> British Columbia notary	<input type="checkbox"/> Credit union central	<input type="checkbox"/> Life insurance broker or agent	<input type="checkbox"/> Securities dealer
<input type="checkbox"/> Caisse populaire	<input type="checkbox"/> Crown agent	<input type="checkbox"/> Life insurance company	<input type="checkbox"/> Trust and/or loan company
<input type="checkbox"/> Casino	<input type="checkbox"/> Dealer in precious metals and precious stones	<input type="checkbox"/> 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

Ministerial Directive — You must consider all requirements issued under a Ministerial directive along with your suspicious 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 or attempted transaction

*Was the transaction attempted?

Yes (provide reason below) No

*Reason transaction was not completed:

*Date and time of transaction:

Date
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
YEAR MONTH DAY

Time UTC offset +
HOUR MINUTES SECONDS HOUR MINUTES

*Method of transaction:

<input type="checkbox"/> Automated banking machine	<input type="checkbox"/> In person	<input type="checkbox"/> Online	<input type="checkbox"/> Telephone
<input type="checkbox"/> Armoured car	<input type="checkbox"/> Mail deposit	<input type="checkbox"/> Quick drop	<input type="checkbox"/> Virtual currency ATM
<input type="checkbox"/> Courier	<input type="checkbox"/> Night deposit	<input type="checkbox"/> Self-redemption kiosk	<input type="checkbox"/> Other (provide description below)

Other description:

*Reporting entity transaction reference number:

Purpose of transaction:

Information about where the transaction was conducted or attempted

*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 or attempted transaction started, including the direction of the starting action the amount and type of funds, assets or virtual currency, where they came from, the conductor and the on-behalf-of-party of the transaction or attempted transaction.

*Direction of starting action (refer to the STR guidance on FINTRAC's website for more information on determining the direction of the starting action):

In

Out

*Type of funds, assets or virtual currency (in):

*Type of funds, assets or virtual currency (out):

- | | |
|---|--|
| <input type="checkbox"/> Bank draft | <input type="checkbox"/> Jewelry |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Mobile money transfer |
| <input type="checkbox"/> Casino product | <input type="checkbox"/> Money order |
| <input type="checkbox"/> Cheque | <input type="checkbox"/> Precious metals |
| <input type="checkbox"/> Domestic funds transfer | <input type="checkbox"/> Precious stones |
| <input type="checkbox"/> Email money transfer | <input type="checkbox"/> Virtual currency |
| <input type="checkbox"/> International funds transfer | <input type="checkbox"/> Other (provide description below) |
| <input type="checkbox"/> Investment product | |

- Casino product
- Funds withdrawal
- Investment product
- Virtual currency
- Other (provide description below)

Other description:

*Amount:

If the starting action is in funds, complete the information below:

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

*Exchange rate:

If the starting action is in virtual currency, complete the information below:

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

<input type="text"/>	/	<input type="text"/>		<input type="text"/>
		Full name	Abbreviation	

*Exchange rate:

*Virtual currency transaction identifier 1:

*Virtual currency transaction identifier 2 (if applicable):

Note: If there are more than two virtual currency transaction identifiers, please use the page entitled Additional virtual currency transaction identifiers.

*Sending virtual currency address 1:

*Sending virtual currency address 2 (if applicable):

Note: If there are more than two sending virtual currency addresses, please use the page entitled Additional sending virtual currency addresses.

*Receiving virtual currency address 1:

*Receiving virtual currency address 2 (if applicable):

Note: If there are more than two receiving virtual currency addresses, please use the page entitled Additional receiving virtual currency addresses.

How were the funds or virtual currency obtained?

*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):

*Did the starting action involve an account?

Yes (Provide information on the account and account holders)

No (Go to source of funds or virtual currency page)

Account information (if applicable)

*Financial institution number (if applicable):

*Branch number (if applicable):

*Account number:

*Account type:

Business

Personal

Other (provide description below)

Casino

Trust

Other description:

*Account currency code – If the account is in funds, provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

*Account virtual currency type – If the account is in virtual currency, provide the full name and abbreviation of the virtual currency (e.g. Bitcoin/BTC):

 /

Full name

Abbreviation

*Date account opened:

YEAR	MONTH	DAY

Date account closed:

20		
YEAR	MONTH	DAY

*Status of account at time of transaction:

Active

Closed

Dormant

Inactive

Please copy this page for each additional account holder

Starting action of for transaction of

Account holders

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 source of funds or virtual currency

Starting action of for transaction of

*Was information about the source of funds or virtual currency obtained?

Yes (Provide information below on the source of funds or virtual currency)

No (Go to the next page)

Source of funds or virtual currency – 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 funds or virtual currency – 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

*Have you obtained any information about the person or entity conducting or attempting to conduct the transaction?

Yes (Provide information on the person or entity conducting or attempting to conduct the transaction)

No (Select only if the person or entity conducting or attempting to conduct the transaction is not your client and, after taking reasonable measures, you were not able to obtain any details on the person or entity. If so, go to the completing action page)

Information about the person conducting or attempting to conduct the transaction (if applicable)

Surname:	<input type="text"/>	Given name:	<input type="text"/>						
Other/Initial:	<input type="text"/>	Alias:	<input type="text"/>						
Client number:	<input type="text"/>								
House/Building number:	<input type="text"/>	Apt/Room/Suite/Unit number:	<input type="text"/>						
Street address:	<input type="text"/>								
City:	<input type="text"/>	District:	<input type="text"/>						
Province or state:	<input type="text"/>	Sub-province and/or sub-locality:	<input type="text"/>						
Country:	<input type="text"/>	Postal or zip code:	<input type="text"/>						
Telephone number (with area code):	<input type="text"/>	Extension number:	<input type="text"/>						
Email address:	<input type="text"/>	URL:	<input type="text"/>						
Date of birth:	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>YEAR</td><td>MONTH</td><td>DAY</td></tr></table>			<input type="text"/>	<input type="text"/>	<input type="text"/>	YEAR	MONTH	DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>							
YEAR	MONTH	DAY							
Country of residence:	<input type="text"/>	Country of citizenship:	<input type="text"/>						
Occupation:	<input type="text"/>								
Name of employer:	<input type="text"/>								

Information about the employer's address

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:

Identification information of the person

Identifier type 1:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Government issued identification | <input type="checkbox"/> Provincial or territorial identity card | <input type="checkbox"/> Utility statement |
| <input type="checkbox"/> Certificate of Indian Status | <input type="checkbox"/> Insurance documents | <input type="checkbox"/> Record of employment | <input type="checkbox"/> Other (provide description below) |
| <input type="checkbox"/> Citizenship card | <input type="checkbox"/> Passport | <input type="checkbox"/> Record of landing | |
| <input type="checkbox"/> Credit file | <input type="checkbox"/> Permanent resident card | <input type="checkbox"/> Social Insurance Number card | |
| <input type="checkbox"/> Driver's licence | <input type="checkbox"/> Provincial health card | <input type="checkbox"/> Visitor visa | |

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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Government issued identification | <input type="checkbox"/> Provincial or territorial identity card | <input type="checkbox"/> Utility statement |
| <input type="checkbox"/> Certificate of Indian Status | <input type="checkbox"/> Insurance documents | <input type="checkbox"/> Record of employment | <input type="checkbox"/> Other (provide description below) |
| <input type="checkbox"/> Citizenship card | <input type="checkbox"/> Passport | <input type="checkbox"/> Record of landing | |
| <input type="checkbox"/> Credit file | <input type="checkbox"/> Permanent resident card | <input type="checkbox"/> Social Insurance Number card | |
| <input type="checkbox"/> Driver's licence | <input type="checkbox"/> Provincial health card | <input type="checkbox"/> Visitor visa | |

Other description:

Number associated with identifier type (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Information about conducting or attempting to conduct the transaction online

Type of device used:

Computer/Laptop **Mobile phone** **Tablet** **Other** (provide description below)

Other description:

Username:

Internet protocol (IP) address:

Device identifier number:

Date of online session in which request was made:

YEAR MONTH DAY

Time of online session in which request was made:

UTC offset +
HOUR MINUTES SECONDS - HOUR MINUTES

Please copy this page for each additional entity

Starting action of for transaction of

Information about the entity conducting or attempting to conduct 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:

URL:

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:

<input type="checkbox"/> Articles of association	<input type="checkbox"/> Certificate of corporate status	<input type="checkbox"/> Letter/Notice of assessment	<input type="checkbox"/> Other (provide description below)
<input type="checkbox"/> Annual report	<input type="checkbox"/> Certificate of incorporation	<input type="checkbox"/> Partnership agreement	

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:

Information about conducting or attempting to conduct the transaction online

Type of device used:

<input type="checkbox"/> Computer/Laptop	<input type="checkbox"/> Mobile phone	<input type="checkbox"/> Tablet	<input type="checkbox"/> Other (provide description below)
---	--	--	---

Other description:

Username:

Internet protocol (IP) address:

Device identifier number:

Date of online session in which request was made:

<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>
YEAR	MONTH	DAY

Time of online session in which request was made:

<input type="text"/>	<input type="text"/>	<input type="text"/>	UTC offset	+	<input type="text"/>	<input type="text"/>
HOUR	MINUTES	SECONDS		-	HOUR	MINUTES

Information about the structure of the entity

Type or structure of the entity:

- Corporation** **Trust** **Widely held or publicly traded trust** **Entity other than a corporation or trust**
(specify below)

Specify the type of the entity:

Do you have information on the ownership, control and structure of the entity?

- Yes** (Complete one of the following sections relevant to the type/structure of the entity) **No** (Go to the information about the person or entity on whose behalf the transaction was conducted or attempted page)

Please copy this page for each additional person

Starting action of for transaction of

Information about the corporation (entity conducting or attempting to conduct the transaction)

Director of a corporation

Surname:	<input type="text"/>	Given name:	<input type="text"/>
Other/Initial:	<input type="text"/>		
House/Building number:	<input type="text"/>	Apt/Room/Suite/Unit number:	<input type="text"/>
Street address:	<input type="text"/>		
City:	<input type="text"/>	District:	<input type="text"/>
Province or state:	<input type="text"/>	Sub-province and/or sub-locality:	<input type="text"/>
Country:	<input type="text"/>	Postal or zip code:	<input type="text"/>
Telephone number (with area code):	<input type="text"/>	Extension number:	<input type="text"/>

Person(s) who directly or indirectly owns or controls 25% or more shares of the corporation

Person 1

Surname:	<input type="text"/>	Given name:	<input type="text"/>
Other/Initial:	<input type="text"/>		

Person 2

Surname:	<input type="text"/>	Given name:	<input type="text"/>
Other/Initial:	<input type="text"/>		

Please copy this page for each additional person

Starting action of for transaction of

Information about the trust (entity conducting or attempting to conduct the transaction)

Trustee of a trust

Surname:	<input type="text"/>	Given name:	<input type="text"/>
Other/Initial:	<input type="text"/>		
House/Building number:	<input type="text"/>	Apt/Room/Suite/Unit number:	<input type="text"/>
Street address:	<input type="text"/>		
City:	<input type="text"/>	District:	<input type="text"/>
Province or state:	<input type="text"/>	Sub-province and/or sub-locality:	<input type="text"/>
Country:	<input type="text"/>	Postal or zip code:	<input type="text"/>
Telephone number (with area code):	<input type="text"/>	Extension number:	<input type="text"/>

Settlor of a trust

Surname:	<input type="text"/>	Given name:	<input type="text"/>
Other/Initial:	<input type="text"/>		
House/Building number:	<input type="text"/>	Apt/Room/Suite/Unit number:	<input type="text"/>
Street address:	<input type="text"/>		
City:	<input type="text"/>	District:	<input type="text"/>
Province or state:	<input type="text"/>	Sub-province and/or sub-locality:	<input type="text"/>
Country:	<input type="text"/>	Postal or zip code:	<input type="text"/>
Telephone number (with area code):	<input type="text"/>	Extension number:	<input type="text"/>

Please copy this page for each additional person

Starting action of for transaction of

Information about the widely held or publicly traded trust (entity conducting or attempting to conduct the transaction)

Person(s) who directly or indirectly owns or controls 25% or more units of a widely held or publicly traded trust

Person 1

Surname: Given name:

Other/Initial:

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:

Person 2

Surname: Given name:

Other/Initial:

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:

Beneficiary(s) of a trust, other than a widely held or publicly traded trust

Beneficiary 1

Surname: Given name:

Other/Initial:

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:

Beneficiary 2

Surname: Given name:

Other/Initial:

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:

Please copy this page for each additional person

Starting action of for transaction of

Information about the entity other than a corporation or trust (entity conducting or attempting to conduct the transaction)

Person(s) who directly or indirectly owns or controls 25% or more of an entity other than a corporation or trust

Person 1

Surname:

Given name:

Other/Initial:

Person 2

Surname:

Given name:

Other/Initial:

Person 3

Surname:

Given name:

Other/Initial:

Person 4

Surname:

Given name:

Other/Initial:

Please copy this page for each additional person

Starting action of for transaction of

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

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

No (Go to the completing action page)

Information about the person on whose behalf the transaction was conducted or attempted (if applicable)

Surname:	<input type="text"/>	Given name:	<input type="text"/>						
Other/Initial:	<input type="text"/>	Alias:	<input type="text"/>						
Client number:	<input type="text"/>								
House/Building number:	<input type="text"/>	Apt/Room/Suite/Unit number:	<input type="text"/>						
Street address:	<input type="text"/>								
City:	<input type="text"/>	District:	<input type="text"/>						
Province or state:	<input type="text"/>	Sub-province and/or sub-locality:	<input type="text"/>						
Country:	<input type="text"/>	Postal or zip code:	<input type="text"/>						
Telephone number (with area code):	<input type="text"/>	Extension number:	<input type="text"/>						
Email address:	<input type="text"/>	URL:	<input type="text"/>						
Date of birth:	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>YEAR</td><td>MONTH</td><td>DAY</td></tr></table>			<input type="text"/>	<input type="text"/>	<input type="text"/>	YEAR	MONTH	DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>							
YEAR	MONTH	DAY							
Country of residence:	<input type="text"/>	Country of citizenship:	<input type="text"/>						
Occupation:	<input type="text"/>								
Name of employer:	<input type="text"/>								

Information about the employer's address

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:

Identification information of the person

Identifier type 1:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Government issued identification | <input type="checkbox"/> Provincial or territorial identity card | <input type="checkbox"/> Utility statement |
| <input type="checkbox"/> Certificate of Indian Status | <input type="checkbox"/> Insurance documents | <input type="checkbox"/> Record of employment | <input type="checkbox"/> Other (provide description below) |
| <input type="checkbox"/> Citizenship card | <input type="checkbox"/> Passport | <input type="checkbox"/> Record of landing | |
| <input type="checkbox"/> Credit file | <input type="checkbox"/> Permanent resident card | <input type="checkbox"/> Social Insurance Number card | |
| <input type="checkbox"/> Driver's licence | <input type="checkbox"/> Provincial health card | <input type="checkbox"/> Visitor visa | |

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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Government issued identification | <input type="checkbox"/> Provincial or territorial identity card | <input type="checkbox"/> Utility statement |
| <input type="checkbox"/> Certificate of Indian Status | <input type="checkbox"/> Insurance documents | <input type="checkbox"/> Record of employment | <input type="checkbox"/> Other (provide description below) |
| <input type="checkbox"/> Citizenship card | <input type="checkbox"/> Passport | <input type="checkbox"/> Record of landing | |
| <input type="checkbox"/> Credit file | <input type="checkbox"/> Permanent resident card | <input type="checkbox"/> Social Insurance Number card | |
| <input type="checkbox"/> Driver's licence | <input type="checkbox"/> Provincial health card | <input type="checkbox"/> Visitor visa | |

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 or attempting to conduct the transaction

Relationship:

- | | | | |
|-------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Customer | <input type="checkbox"/> Joint/Secondary owner | <input type="checkbox"/> Vendor/Supplier |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Employee | <input type="checkbox"/> Legal counsel | <input type="checkbox"/> Other (provide description below) |
| <input type="checkbox"/> Borrower | <input type="checkbox"/> Employer | <input type="checkbox"/> Power of attorney | |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Friend | <input type="checkbox"/> Relative | |

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 or attempted (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:

URL:

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:

<input type="checkbox"/> Annual report	<input type="checkbox"/> Certificate of corporate status	<input type="checkbox"/> Letter/Notice of assessment	<input type="checkbox"/> Other (provide description below)
<input type="checkbox"/> Articles of association	<input type="checkbox"/> Certificate of incorporation	<input type="checkbox"/> Partnership agreement	

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 or attempting to conduct the transaction

Relationship:

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

Other description:

Information about the structure of the entity

Type or structure of the entity:

- Corporation** **Trust** **Widely held or publicly traded trust** **Entity other than a corporation or trust**
(specify below)

Specify the type of the entity:

Do you have information on the ownership, control and structure of the entity?

- Yes** (Complete one of the following sections relevant to the type/structure of the entity) **No** (Go to the completing action page)

Please copy this page for each additional person

Starting action of for transaction of

Information about the corporation (entity on whose behalf the transaction was conducted or attempted)

Director of a corporation

Surname: Given name:

Other/Initial:

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:

Person(s) who directly or indirectly owns or controls 25% or more shares of the corporation

Person 1

Surname: Given name:

Other/Initial:

Person 2

Surname: Given name:

Other/Initial:

Please copy this page for each additional person

Starting action of for transaction of

Information about the trust (entity on whose behalf the transaction was conducted or attempted)

Trustee of a trust

Surname: Given name:

Other/Initial:

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:

Settlor of a trust

Surname: Given name:

Other/Initial:

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:

Please copy this page for each additional person

Starting action of for transaction of

Information about the widely held or publicly traded trust (entity on whose behalf the transaction was conducted or attempted)

Person(s) who directly or indirectly owns or controls 25% or more units of a widely held or publicly traded trust

Person 1

Surname: Given name:

Other/Initial:

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:

Person 2

Surname: Given name:

Other/Initial:

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:

Beneficiary(s) of a trust, other than a widely held or publicly traded trust

Beneficiary 1

Surname: Given name:

Other/Initial:

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:

Beneficiary 2

Surname: Given name:

Other/Initial:

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:

Please copy this page for each additional person

Starting action of for transaction of

Information about the entity other than a corporation or trust (entity on whose behalf the transaction was conducted or attempted)

Person(s) who directly or indirectly owns or controls 25% or more of an entity other than a corporation or trust

Person 1

Surname:

Given name:

Other/Initial:

Person 2

Surname:

Given name:

Other/Initial:

Person 3

Surname:

Given name:

Other/Initial:

Person 4

Surname:

Given name:

Other/Initial:

Please copy this page for each additional completing action

Completing action of for transaction of

Completing action

Provide information about how the transaction or attempted 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 or attempted transaction.

*Details of disposition:

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

Other description:

*Amount:

If the disposition is in funds, complete the information below:

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

*Exchange rate:

If the disposition is in virtual currency, complete the information below:

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

Full name

Abbreviation

*Exchange rate:

*Virtual currency transaction identifier 1:

*Virtual currency transaction identifier 2 (if applicable):

Note: If there are more than two virtual currency transaction identifiers, please use the page entitled Additional virtual currency transaction identifiers.

*Sending virtual currency address 1:

*Sending virtual currency address 2 (if applicable):

Note: If there are more than two sending virtual currency addresses, please use the page entitled Additional sending virtual currency addresses.

*Receiving virtual currency address 1:

*Receiving virtual currency address 2 (if applicable):

Note: If there are more than two receiving virtual currency addresses, please use the page entitled Additional receiving virtual currency addresses.

Value in Canadian dollars – If the disposition was not in funds or virtual currency:

*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):

*Did the disposition involve an account?

Yes (Provide information on the account and account holders)

No (Go to information about the person or entity involved in the completing action page)

Account information (if applicable)

*Financial institution number (if applicable):

*Branch number (if applicable):

*Account number:

*Account type:

Business

Casino

Personal

Trust

Other (provide description below)

Other description:

*Account currency code – If the account is in funds, provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

*Account virtual currency type – If the account is in virtual currency, provide the full name and abbreviation of the virtual currency (e.g. Bitcoin/BTC):

 /

Full name

Abbreviation

*Date account opened:

Date account closed:

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

<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>
YEAR	MONTH	DAY

*Status of account at time of transaction:

Active

Closed

Dormant

Inactive

Please copy this page for each additional account holder

Completing action of for transaction of

Account holders

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?

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

No (Go to person or entity beneficiary page)

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

*Have you obtained any beneficiary information related to this transaction or attempted transaction?

Yes (Provide information on the person or entity beneficiary)

No (Select only if the beneficiary is not your client and, after taking reasonable measures, you were not able to obtain any beneficiary details. If so, go to the details of suspicion page)

Information about the person beneficiary (if applicable)

*Surname:	<input type="text"/>	*Given name:	<input type="text"/>						
Other/Initial:	<input type="text"/>	Alias:	<input type="text"/>						
Username:	<input type="text"/>	Client number:	<input type="text"/>						
House/Building number:	<input type="text"/>	Apt/Room/Suite/Unit number:	<input type="text"/>						
Street address: <input type="text"/>									
City:	<input type="text"/>	District:	<input type="text"/>						
Province or state:	<input type="text"/>	Sub-province and/or sub-locality:	<input type="text"/>						
Country:	<input type="text"/>	Postal or zip code:	<input type="text"/>						
Telephone number (with area code):	<input type="text"/>	Extension number:	<input type="text"/>						
Email address: <input type="text"/>									
Date of birth:									
<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>YEAR</td><td>MONTH</td><td>DAY</td></tr></table>				<input type="text"/>	<input type="text"/>	<input type="text"/>	YEAR	MONTH	DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>							
YEAR	MONTH	DAY							
Country of residence: <input type="text"/>									
Occupation: <input type="text"/>									
Name of employer: <input type="text"/>									

Identification information of the person

Identifier type 1:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Government issued identification | <input type="checkbox"/> Provincial or territorial identity card | <input type="checkbox"/> Utility statement |
| <input type="checkbox"/> Certificate of Indian Status | <input type="checkbox"/> Insurance documents | <input type="checkbox"/> Record of employment | <input type="checkbox"/> Other (provide description below) |
| <input type="checkbox"/> Citizenship card | <input type="checkbox"/> Passport | <input type="checkbox"/> Record of landing | |
| <input type="checkbox"/> Credit file | <input type="checkbox"/> Permanent resident card | <input type="checkbox"/> Social Insurance Number card | |
| <input type="checkbox"/> Driver's licence | <input type="checkbox"/> Provincial health card | <input type="checkbox"/> Visitor visa | |

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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Government issued identification | <input type="checkbox"/> Provincial or territorial identity card | <input type="checkbox"/> Utility statement |
| <input type="checkbox"/> Certificate of Indian Status | <input type="checkbox"/> Insurance documents | <input type="checkbox"/> Record of employment | <input type="checkbox"/> Other (provide description below) |
| <input type="checkbox"/> Citizenship card | <input type="checkbox"/> Passport | <input type="checkbox"/> Record of landing | |
| <input type="checkbox"/> Credit file | <input type="checkbox"/> Permanent resident card | <input type="checkbox"/> Social Insurance Number card | |
| <input type="checkbox"/> Driver's licence | <input type="checkbox"/> Provincial health card | <input type="checkbox"/> Visitor visa | |

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

Completing action of for transaction of

Information about the entity beneficiary (if applicable)

*Name of entity:

Username:

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:

<input type="checkbox"/> Articles of association	<input type="checkbox"/> Certificate of corporate status	<input type="checkbox"/> Letter/Notice of assessment	<input type="checkbox"/> Other (provide description below)
<input type="checkbox"/> Annual report	<input type="checkbox"/> Certificate of incorporation	<input type="checkbox"/> Partnership agreement	

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:

Is this report related to a Ministerial Directive?

Yes (Do not provide further information)

No (Complete the information below)

Details of suspicion

*Description of suspicious activity

Please describe in clear, simple and concise language your grounds for suspicion of a money laundering or terrorist activity financing offence – including the facts, context, and indicators that allowed you to reach reasonable grounds for suspicion.

*Suspicion type:

Money laundering

Terrorist activity financing

Money laundering and terrorist activity financing

Public-Private Partnership Project Name – Select all applicable projects:

Project ANTON

Project CHAMELEON

Project LEGION

Project SHADOW

Project ATHENA

Project GUARDIAN

Project PROTECT

Does this report include information about an individual who you have determined to be a politically exposed person (PEP) or head of an international organization (HIO)?

Yes

No

Please copy this page for additional related reports

Related report(s)

Provide a list below of any reports submitted to FINTRAC that may relate to the suspicious activity mentioned in this report.

Report 1

Reporting entity report reference number:

Reporting entity transaction reference number 1:

Reporting entity transaction reference number 2 (if applicable):

Report 2

Reporting entity report reference number:

Reporting entity transaction reference number 1:

Reporting entity transaction reference number 2 (if applicable):

Report 3

Reporting entity report reference number:

Reporting entity transaction reference number 1:

Reporting entity transaction reference number 2 (if applicable):

Report 4

Reporting entity report reference number:

Reporting entity transaction reference number 1:

Reporting entity transaction reference number 2 (if applicable):

Report 5

Reporting entity report reference number:

Reporting entity transaction reference number 1:

Reporting entity transaction reference number 2 (if applicable):

Action taken

*Detailed description

Please describe what action, if any, was or will be taken as a result of the suspicious transaction(s).

Starting action of for transaction of

or

Completing action of for transaction of

Additional virtual currency transaction identifiers

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

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Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Virtual currency transaction identifier:

Starting action of for transaction of

or

Completing action of for transaction of

Additional sending virtual currency addresses

Sending virtual currency address:

Sending virtual currency address:

Sending virtual currency address:

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Sending virtual currency address:

Sending virtual currency address:

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Sending virtual currency address:

Sending virtual currency address:

Starting action of for transaction of

or

Completing action of for transaction of

Additional receiving virtual currency addresses

Receiving virtual currency address:

Receiving virtual currency address:

Receiving virtual currency address:

Receiving virtual currency address:

Receiving virtual currency address:

Receiving virtual currency address:

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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](#).