

Large Virtual Currency Transaction Report (LVCTR)

If you have the capability to report electronically, DO NOT use this paper form. Refer to the LVCTR reporting guidance on [FINTRAC's website](#) for information on how to complete this report.

Use this form if you are a reporting entity (RE) and you have to submit an LVCTR to FINTRAC. All REs that receive virtual currency (VC) in an amount equivalent to \$10,000 (CAD) or more in a single transaction must submit an LVCTR to FINTRAC. An LVCTR must be submitted to FINTRAC in accordance with the 24-hour rule when two or more amounts of VC are received, that total \$10,000 (CAD) or more within a consecutive 24-hour window, and you know that those transactions meet one of the following criteria:

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

For more information on reporting in accordance with the 24-hour rule, please see FINTRAC's 24-hour rule guidance.

You must also keep a copy of this report for your records.

Please refer to FINTRAC's guidance for your reporting entity sector on [FINTRAC's website](#) or call FINTRAC's toll-free enquiries line at 1-866-346-8722 for any questions. In addition, to ensure that you are providing complete and accurate information when you are filling out this paper report, please consult the LVCTR 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 this entire form – whether the information has changed or not.
- Provide the new information ONLY for the affected fields.
- If removing information from a field, 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 see 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? (select one)

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

Whom can FINTRAC contact about this report?

*Surname

*Given name

Other/initial:

*Telephone number (with area code):

Extension number:

Email address:

Report information

*24-hour aggregation type:

Beneficiary

Conductor

On behalf of

Not applicable

*24-hour period start

*24-hour period end

Date YEAR MONTH DAY
Time HOUR MINUTES SECONDS UTC offset + - HOUR MINUTES

Date YEAR MONTH DAY
Time HOUR MINUTES SECONDS UTC offset + - HOUR MINUTES

Ministerial Directive — You must consider all requirements issued under a Ministerial directive along with your large VC transaction reporting requirements. For more information, please see the guidance on Ministerial directives and transaction restrictions on [FINTRAC's website](#).

If this report is related to a Ministerial Directive, please check the corresponding box.

IR2020

Information about the transaction

*Date virtual currency was received:

20		
YEAR	MONTH	DAY

*Time virtual currency was received:

			UTC offset	+		
HOUR	MINUTES	SECONDS	-	HOUR	MINUTES	

*Method of transaction:

In person	Online	Virtual currency ATM	Other (provide description below)
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Other description

*Threshold indicator — Was the amount of virtual currency received equivalent to an amount above (i.e. \$10,000 CAD or more) or below (i.e. less than \$10,000 CAD) at the time of receipt?

Above threshold	Below threshold
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*Transaction identifier 1:

*Transaction identifier 2 (if applicable):

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

*Reporting entity transaction reference number:

Purpose of transaction:

Information about where the virtual currency was received

*Reporting entity location number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Please copy this page for each additional starting action

Starting action of for transaction of

Starting action

This section is for information about how the transaction started, including the type and amount of virtual currency, where it came from, the conductor of the transaction and any on-behalf-of party (if applicable).

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

/

*Exchange rate used for the transaction:

Full name

Abbreviation

*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.

How was the virtual currency obtained? This information must have been obtained in your ordinary course of business.

*Was information about the source of virtual currency obtained? This information must have been obtained in your ordinary course of business.

Yes (Provide information on the source of virtual currency page)

No

Conductor indicator

*Have you obtained any conductor information related to this transaction? Only select No if the conductor is not your client and, after taking reasonable measures, you were not able to obtain **any** conductor details.

Yes (Provide information on either the person conductor page or the entity conductor page)

No (Go to the completing action page)

Please copy this page for each additional source of virtual currency

Starting action of for transaction of

Source of 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 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

Information about the person conducting the transaction (if applicable)

*Is the conductor a client of the reporting entity?

Yes (All fields marked with an asterisk (*) are mandatory)

No (All fields in this section are reasonable efforts)

*Surname:

*Given name:

Other/Initial:

Alias:

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:

*Date of birth:

YEAR MONTH DAY

Country of residence:

*Occupation:

Name of employer:

Identification document or information of the person and associated number

*Identifier type 1:

Birth certificate Certificate of Indian Status Citizenship card Credit file	Driver's licence Government issued identification Insurance documents Passport	Permanent resident card Provincial health card Provincial or territorial identity card Record of employment	Record of landing Travel visa Utility statement Other (provide description below)
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Other description

*Number associated with identifier type:

*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.

Birth certificate Certificate of Indian Status Citizenship card Credit file	Driver's licence Government issued identification Insurance documents Passport	Permanent resident card Provincial health card Provincial or territorial identity card Record of employment	Record of landing Travel visa Utility statement Other (provide description below)
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Other description

*Number associated with identifier type:

*Jurisdiction of issue (country):

*Jurisdiction of issue (province or state):

Information about conducting the transaction online

Type of device used:

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

Device identifier number:

Internet protocol (IP) address:

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" value="+"/>	<input type="text"/>	<input type="text"/>
HOUR	MINUTES	SECONDS			HOUR	MINUTES

On behalf of indicator

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

Yes (Provide information on the on behalf of person page or the on behalf of entity page)	No (Go to the completing action page)
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Please copy this page for each additional entity

Starting action of for transaction of

Information about the entity conducting the transaction (if applicable)

*Is the conductor a client of the reporting entity?

Yes (All fields marked with an asterisk (*) are mandatory)

No (All fields in this section are reasonable efforts)

*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:

*Nature of entity's principal business:

Registration/Incorporation information

*Is the entity registered or incorporated?

Yes (Complete the information below)

No (Go to Identification document or information of the entity and associated number)

*Registration or incorporation number:

*Jurisdiction of issue (country):

*Jurisdiction of issue (province or state):

Identification document or information of the entity and associated number

*Identifier type:

Articles of association
Annual report

Certificate of corporate status
Certificate of incorporation

Letter/Notice of assessment
Partnership agreement

Other (provide description below)

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 the transaction online

Type of device used:

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

Device identifier number:

Internet protocol (IP) address:

Date of online session in which request was made:

Time of online session in which request was made:

20		
YEAR	MONTH	DAY

			UTC offset	+		
HOUR	MINUTES	SECONDS	-	HOUR	MINUTES	

On behalf of indicator

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

Yes (Provide information on the on behalf of person page or the on behalf of entity page)	No (Go to the completing action page)
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Please copy this page for each additional person

Starting action of for transaction of

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

*Surname:

*Given name:

Other/Initial:

Alias:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Date of birth:

YEAR MONTH DAY

Country of residence:

Occupation:

Name of employer:

Identification document or information of the person and associated number

Identifier type 1:

Birth certificate Certificate of Indian Status Citizenship card Credit file	Driver's licence Government issued identification Insurance documents Passport	Permanent resident card Provincial health card Provincial or territorial identity card Record of employment	Record of landing Travel visa Utility statement Other (provide description below)
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Other description

Number associated with identifier type:

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.

Birth certificate Certificate of Indian Status Citizenship card Credit file	Driver's licence Government issued identification Insurance documents Passport	Permanent resident card Provincial health card Provincial or territorial identity card Record of employment	Record of landing Travel visa Utility statement Other (provide description below)
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Other description

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

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

*Relationship:

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

Please copy this page for each additional entity

Starting action of for transaction of

Information about the entity on whose behalf the transaction was conducted (if applicable)

*Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Nature of entity's principal business:

Registration/Incorporation information

Is the entity registered or incorporated?

Yes (Complete the information below)

No (Go to Identification document or information of the entity and associated number)

Registration or incorporation number:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Identification document or information of the entity and associated number

Identifier type:

Articles of association
Annual report

Certificate of corporate status
Certificate of incorporation

Letter/Notice of assessment
Partnership agreement

Other (provide description below)

Other description

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or act with respect to the account (up to 3)

Person 1

Surname:

Given name:

Other/Initial:

Person 2 (if applicable)

Surname:

Given name:

Other/Initial:

Person 3 (if applicable)

Surname:

Given name:

Other/Initial:

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

*Relationship:

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

Other description

Please copy this page for each additional completing action

Completing action of for transaction of

Completing action

Provide information about how the transaction was completed, including the details of disposition, the amount, information on any other person or entity that may have been involved in the completing action and, on any person or entity that was the beneficiary of the transaction.

*Details of disposition:

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

Other description

*Amount — If the disposition was in virtual currency

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

*Receiving virtual currency address 1:

Full name

Abbreviation

*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.

*Amount — If the disposition was not in virtual currency.

*Currency code — If the disposition was not in virtual currency, provide the currency code/abbreviation (e.g. CAD for Canadian dollars).

*Value in Canadian dollars — If the disposition was not in virtual currency and its value differs from the amount of virtual currency received.

*Reference number — This field is for non-account-based sectors and should only be completed if applicable.

*Other number related to reference number (if applicable):

Account information (if applicable)

*Financial institution number:

*Branch number:

*Account number:

*Account type:

Business	Personal	Other (provide description below)
Casino	Trust	

Other description

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

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

	/				
Date account opened:	Full name	Abbreviation			
<table><tr><td style="width: 33%;">YEAR</td><td style="width: 33%;">MONTH</td><td style="width: 33%;">DAY</td></tr></table>			YEAR	MONTH	DAY
YEAR	MONTH	DAY			

Please copy this page for each additional account holder

Completing action of for transaction of

Account holders

Person 1

*Surname:

*Given name:

Other/Initial:

*Username (if applicable)

Person 2 (if applicable)

*Surname:

*Given name:

Other/Initial:

*Username (if applicable)

Entity 1

*Name of entity:

*Username (if applicable):

Entity 2 (if applicable)

*Name of entity:

*Username (if applicable):

*Was there any other person or entity involved in the completing action? — Other than the conductor, on behalf of, or beneficiary.

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

No

*Was there a beneficiary for this completing action? — There must always be a minimum of one beneficiary per transaction.

Yes (Provide information on either the person beneficiary page or the entity beneficiary page)

No

Please copy this page for each additional person or entity involved in the competing action

Completing action of for transaction of

Information about the person involved in the completing action

*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

*Name of entity:

*Account number

*Policy number:

*Identifying number: — Only complete this field if there is no account number or policy number.

Please copy this page for each additional person

Completing action of for transaction of

Information about the person beneficiary (if applicable)

*Surname:

*Given name:

Other/Initial:

Alias:

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:

Date of birth:

YEAR MONTH DAY

Country of residence:

Occupation:

Name of employer:

Identification document or information of the person and associated number

*Identifier type 1:

Birth certificate Certificate of Indian Status Citizenship card Credit file	Driver's licence Government issued identification Insurance documents Passport	Permanent resident card Provincial health card Provincial or territorial identity card Record of employment	Record of landing Travel visa Utility statement Other (provide description below)
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Other description

*Number associated with identifier type:

*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.

Birth certificate Certificate of Indian Status Citizenship card Credit file	Driver's licence Government issued identification Insurance documents Passport	Permanent resident card Provincial health card Provincial or territorial identity card Record of employment	Record of landing Travel visa Utility statement Other (provide description below)
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Other description

*Number associated with identifier type:

*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:

Registration/Incorporation information

*Is the entity registered or incorporated?

Yes (Complete the information below)

No (Go to Identification document or information of the entity and associated number)

*Registration or incorporation number:

*Jurisdiction of issue (country):

*Jurisdiction of issue (province or state):

Identification document or information of the entity and associated number

*Identifier type:

Articles of association
Annual report

Certificate of corporate status
Certificate of incorporation

Letter/Notice of assessment
Partnership agreement

Other (provide description below)

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:

Additional transaction identifiers

Transaction identifier:

Transaction identifier:

Transaction identifier:

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Additional sending virtual currency addresses

Sending virtual currency address:

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Additional receiving virtual currency addresses

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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.