Please copy this page for each additional source of funds or virtual curre	ency
	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:	

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