

PART A — Information about the transaction (when the EFT was sent)

1. Time of transaction

HOUR MINUTES SECONDS

2. Date of transaction*

2 0 YEAR MONTH DAY

3. Amount of transaction*

4. Transaction currency code* — Enter CAD if Canadian dollars or USD for United States dollars. If another type of currency

is involved, see Appendix 1 in *Guideline 3B: Submitting Suspicious Transaction Reports to FINTRAC by Paper.*

5. Exchange Rate

For an **OUTGOING EFT**, indicate the exchange rate to convert the amount sent from Canadian dollars

or

For an **INCOMING EFT**, indicate the exchange rate to convert the amount sent into Canadian dollars

PART B — Information about the client ordering the EFT

Name of the client that ordered the EFT. (If the client is an **entity**, complete **field 1**. If it is an **individual**, complete **fields 2, 3 and 4**.)

1. Full name of entity*

or

Full name of individual

2. Surname*

3. Given name*

4. Other/Initial

Address of the client ordering the EFT

5. Street address

6. City

7. Province or State

8. Country

9. Postal or Zip code

10. Telephone number (with area code)

Additional information about the client ordering the EFT

11. Date of birth (if the client is an individual)

YEAR MONTH DAY

12. Occupation (if the client is an individual)

13. Client's account number* (if applicable)

14. Client's identifier (if the client is an individual)

Birth certificate Driver's licence Passport Provincial health card Record of landing / Permanent resident card

Other

DESCRIPTION (OTHER)

15. Client identifier number



PART C — Information about the individual or entity sending the payment instructions for the EFT

Name of the entity or individual sending the payment instructions for the EFT. (If it is an **entity**, complete **field 1**. If it is an **individual**, complete **fields 2, 3 and 4**.)

1. Full name of entity*

or

Full name of individual

2. Surname*

3. Given name*

4. Other/Initial

Address of the entity or individual sending the payment instructions

5. Street address*

6. City*

7. Province or State*

8. Country*

9. Postal or Zip code*

PART D — Information about any third party related to the EFT order (if the client ordering the EFT is acting on behalf of a third party)

Name of the third party on whose behalf the EFT was ordered. (If the third party is an **entity**, complete **field 1**. If it is an **individual**, complete **fields 2, 3 and 4**.)

1. Full name of entity

or

Full name of individual

2. Surname

3. Given name

4. Other/Initial

Address of the third party related to the EFT order

5. Street address

6. City

7. Province or State

8. Country

9. Postal or Zip code

Additional information about the third party related to the EFT order

10. Date of birth (if the third party is an individual)

YEAR MONTH DAY

11. Occupation (if the third party is an individual)

12. Third party's identifier (if the third party is an individual)

Birth certificate Driver's licence Passport Provincial health card Record of landing / Permanent resident card

Other

DESCRIPTION (OTHER)



PART E — Information about the individual or entity receiving the payment instructions for the EFT

Name of the entity or individual receiving the payment instructions for the EFT. (If it is an **entity**, complete **field 1**. If it is an **individual**, complete **fields 2, 3 and 4**.)

1. Full name of entity *

or

Full name of individual

2. Surname *

3. Given name *

4. Other/Initial

Address of the entity or individual receiving the payment instructions for the EFT

5. Street address *

6. City *

7. Province or State *

8. Country *

9. Postal or Zip code *

PART F — Information about the client to whose benefit payment is made

Name of the client to whose benefit EFT is paid. (If the client is an **entity**, complete **field 1**. If it is an **individual**, complete **fields 2, 3 and 4**.)

1. Full name of entity *

or

Full name of individual

2. Surname *

3. Given name *

4. Other/Initial

Address of the client to whose benefit EFT is paid

5. Street address

6. City

7. Province or State

8. Country

9. Postal or Zip code

10. Telephone number (with area code)

Additional information about the client to whose benefit EFT is paid

11. Date of birth (if the client is an individual)

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

12. Occupation (if the client is an individual)

13. Client's account number * (if applicable)

14. Client's identifier (if the client is an individual)

Birth certificate Driver's licence Passport Provincial health card Record of landing / Permanent resident card

Other

DESCRIPTION (OTHER)



