

CANADA ACTIVITY REPORT



Fax completed report to **1-877-470-3209** (toll-free),
or if unavailable **1-214-329-1029**.

You must submit this report within one business day of the potentially suspicious/unusual activity occurring or being attempted.

If you have questions about this report, contact your Regional Compliance Officer.

Do NOT tell anyone outside of MoneyGram Compliance personnel that you are completing this report, or that you think any suspicious activity has occurred.

Today's Date: _____	Correction / amendment to a previous report: <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____
Business Name: _____	Agent Number: _____
Your Name: _____	Position / Title: _____
Business Address: _____	Phone Number: _____

Completed or Attempted Transaction Details <i>(Check all that apply and provide details):</i>	
Date(s) and Time Suspicious Activity Occurred: _____	
Type of Funds Used: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order	Total Amount: \$ _____
<input type="checkbox"/> Attempted Money Transfer Send(s) and/or Receive(s)	
<input type="checkbox"/> Completed Money Transfer Send(s)	Reference Number(s): _____
<input type="checkbox"/> Completed Money Transfer Receive(s)	Reference Number(s): _____

Customer Information <i>(Provide as much information as you can. If information is unavailable, leave line blank):</i>	
Surname: _____	Name: _____ Initial: _____ Phone: _____
Street Address: _____	
City: _____	Province / State: _____ Postal Code: _____ Country: _____
Type of ID: <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Other: _____	
ID Number: _____	Issuing Province / State: _____ Issuing Country: _____
Date of Birth: _____	Occupation: _____ Employer: _____
Additional Customer Information: _____	

Third Party Transaction Information, if applicable: No Yes

Business

Name of Business: _____ Type of Business: _____ Phone _____

Street Address: _____

City: _____ Province / State: _____ Postal Code: _____ Country: _____

Individual

Surname: _____ Name: _____ Initial: _____ Phone: _____

Street Address: _____

City: _____ Province / State: _____ Postal Code: _____ Country: _____

Type of ID: Driver's Licence Passport Permanent Resident Card Other: _____

ID Number: _____ Issuing Province / State: _____ Issuing Country: _____

Date of Birth: _____ Occupation: _____ Employer: _____

Activity Description

Customer structures or attempts to structure transactions to avoid \$1,000 record keeping requirements.

Customer structures or attempts to structure transactions to avoid \$10,000 LCTR record keeping requirements.

Customer comes in frequently over a period of time.

Customer changes or attempts to change spelling / arrangement of name, address and / or ID.

One or more customers are working together.

Other: _____

What makes this activity unusual? Please provide as much detail as possible.

Action Taken

Please explain what you did or will do as a result of this activity.

