

# CANADA ACTIVITY REPORT



**Fax to 720-568-8640**

**For questions about this form, contact MoneyGram at 1-800-642-8050 ext. 4900.**

**Document and Fax within 5 days of attempted or completed suspicious/unusual customer activity.**

**Do NOT tell your customer you are completing this report. It is illegal to tell someone you think their activity is suspicious.**

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: _____
City: _____	Province: _____ Postal Code: _____

<b>Completed or Attempted Transaction Details (Check all that apply and provide details):</b>	
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): _____

<b>Customer Information (Provide as much information as you can. If information is unavailable, leave line blank):</b>	
Surname: _____	Name: _____ Initial: _____ Phone: _____
Street Address: _____	
City: _____	Province / State: _____ Postal Code: _____ Country: _____
Type of ID: <input type="checkbox"/> Driver's License <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 License  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 detail what you did or will do as a result of this activity.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_