



Canada Activity Report

Only agents in Canada should use this form.
Agents in the United States MUST report suspicious activity on a SAR-MSB.

**If you have questions about this form or reporting suspicious activity,
please call the MoneyGram Compliance Team at 1-800-642-8050 ext. 4900.**

Use this form to document suspicious, unusual or unexplained customer activity within 5 days of the occurrence.

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

This report must be faxed to 720-568-8640 the same day it is completed.

Today's Date: _____ Correction / amendment to a previous report: No Yes, date: _____

Business Name: _____ Agent Number: _____

Your Name: _____ Position / Title: _____

Business Address: _____ Phone Number: _____

City: _____ Province: _____ Postal Code: _____

Transaction or Attempted Transaction Details

Please check all that apply and provide details:

Date(s) Suspicious Activity Occurred: _____ Time Suspicious Activity Occurred: _____

Transaction funds: Cash Cheque Money Order EFT

Attempted Money Transfer Send(s) and/or Receive(s)

Completed Money Transfer Send(s) Reference Number(s): _____

Completed Money Transfer Receive(s) Reference Number(s): _____

Total Amount of Reported Activity or attempted activity: \$ _____ CAD USD

Customer Information

Please provide any / all of the following information. If information is unavailable, please leave the line blank.

Surname: _____ Given Name: _____ Other / Initial: _____

Street Address: _____

City: _____ Province / State: _____ Country: _____

Postal Code: _____ Country of Residence: _____ Country of citizenship: _____

Home Phone: _____

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Customer Details

Please provide any / all of the following information. If information is unavailable, please leave the line blank.

Customer Identifier: Birth Certificate Driver's License Passport Provincial Health Card

Permanent Resident Card Other: _____

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

Date of Birth: _____

Occupation: _____ Employer: _____

Other Identifying Information: _____

Third Party Transaction Information, if applicable

Please provide any / all of the following information. If information is unavailable, please leave the line blank.

Transaction Conducted on Behalf of Another Party: No Yes

Business, Name of Business: _____

Type of Business: _____

Street Address: _____

City: _____ Province / State: _____ Country: _____

Business Phone _____ Incorporation Number: _____

Individual, Surname: _____ Given Name: _____ Other / Initial: _____

Street Address: _____

City: _____ Province / State: _____ Country: _____

Postal Code: _____ Country of Residence: _____ Country of citizenship: _____

Home Phone: _____

Customer Identifier: Birth Certificate Driver's License Passport Provincial Health Card

Permanent Resident Card Other: _____

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

Date of Birth: _____

Occupation: _____ Employer: _____

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Activity Description

Please check all that apply and provide details. Attach another page if additional space is needed:

- 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.

Please remember, it is illegal to tell someone that you are reporting suspicious activity.