TD F 90-22.56

Treasury Form October 2002

Suspicious Activity Report by Money Services Business



Please type or print. Always complete entire report (see instructions).

1 Check the box if this report corrects a prior report. (See instructions, page 7)		
2 Type of filer (check <u>all</u> financial services/products offered)		
a Issuer of money order(s) b Redeemer of money order(s) c Seller of money order(s)		
d 🔲 Issuer of traveler's check(s) e 🔲 Redeemer of traveler's check(s) f 🔲 Seller of traveler's check(s)		
g Money transmitter		
Part I Subject Information 3 Multiple subjects (See instructions, page 7)		
4 Subject type (check only one box)		
a Purchaser/Sender b Payee/Receiver c Both ("a" & "b") d Other		
5* Individual's last name or Entity's full name 6* First name 7* Middle initial		
8* Address		
9* City 10* State 11* Zip code 12* Country (if not U.S.)		
13* Government issued identification (if available)		
a Driver's license/State I.D. b Passport c Alien registration d Other		
e Number		
14 * SSN/ITIN (individual) or EIN (entity) 15 Date of birth 16 Phone number (include area code) 17 Vehicle Lic.# / State (Optional) a number b state		
18 Customer number, if any 19 Occupation/Type of business		
20* Endorser's (individual or Entity) name, if any 21* Bank account number of endorser, if any 22* Bank of first deposit, if any		
Part II Suspicious Instrument/Money Transfer Information		
23 Financial services involved in suspicious transaction(s) (Check <u>all</u> that apply.)		
a Money Order b Traveler's Check c Money Transfer d Other		
24 * Date or date range of suspicious activity From / / To / / 25 Total dollar amount involved in suspicious activity		
MM DD YYYY MM DD YYYY \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
26.1* Serial number(s) of [a] money order(s) or [b] traveler's check(s) clasuer name		
d Starting No.		
26.2 Serial number(s) of [a] money order(s) or [b] traveler's check(s) c Issuer name		
d Starting No.		
26.3 Serial number(s) of [a] money order(s) or [b] traveler's check(s) c Issuer name		
d Starting No.		
27.1* Money transfer number a Issuer name 27.2 Money transfer number a Issuer name		
b No.		

27.3 Money transfer number	27.4 Money transfer number		
a Issuer name	a Issuer name		
b No.	b No.		
27.5 Money transfer number a Issuer name	27.6 Money transfer number a Issuer name		
b No.	b No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
28* Category of suspicious activity (Check <u>all</u> that apply.) a Money laundering b Structuring c Terrorist finar	ncing d Other (specify)		
29* Character of suspicious activity (check only one box "a, b, or c", the a Unusual use of money order(s) or traveler's check(s)	en check all of (1) through (9) that apply) b Unusual use of money transfer(s) c Both		
Check all of the following that apply			
(1) Alters transaction to avoid completion of funds transfer record			
or money order or traveler's check record (\$3,000 or more) (2) Alters transaction to avoid filing a CTR form (\$10,000 or more)	(6) Two or more individuals using the similar/same identification		
(2) Alters transaction to avoid filing a CTR form (\$10,000 or more) (3) Comes in frequently and purchases less than \$3,000	(8) Same individual(s) using multiple locations over a short time period		
(4) Changes spelling or arrangement of name	(9) Offers a bribe in the form of a tip/gratuity		
Part Transaction Location Information	30 Multiple selling and/or paying business locations		
31 Type of business location (check only one box) a Selling business location b Paying business location	ion c Both		
32* Legal name of business	33 Doing business as		
34* Permanent address (number, street, and suite no.) 35* City	36* State 37* Zip code		
38* EIN (entity) or SSN/ITIN (individual) 39* Business phone number (in	nclude area code) 40 Country (if not U.S.)		
<u> </u>			
Part IV Law Enforcement Agency Information			
41 If a law enforcement agency has already been contacted (excluding			
a DEA d U.S. Customs Service g Other Federal i Local law enforcement			
b FBI e U.S. Postal Inspection Service h State law enforcement j Tribal law enforcement c IRS f U.S. Secret Service			
Include agency name when box g, h, i, or j is checked			
42 Name of person contacted at law enforcement agency 43	Phone number (include area code) 44 Date contacted		
()		
	different from Location Information in Part III)		
45* Legal name of business	46 Doing business as		
47* Permanent address (number, street, and suite no.) 48* City	49* State 50* Zip code		
51* EIN (entity) or SSN/ITIN (individual) 52* Business phone number ((include area code) 53 Country (if not U.S.)		
Dow VI			
Part VI Contact for Assistance 54* Last name of individual to be contacted regarding this report	55* First name 56 Middle initial		
and the second s	1 33 FIISUIGINE		
	33 First harne 36 Middle Illittal		
57* Title/Position 58	35 Middle Illital * Work phone number (include area code) 59 Date report prepared		

Paperwork Reduction Act Notice: The purpose of this form is to provide an effective means for a money services business (MSB) to notify appropriate law enforcement agencies of suspicious transactions and activities that occur by, through, or at a MSB. This report is authorized by law, pursuant to authority contained in 31 U.S.C. 5318(g). Information collected on this report is confidential (31 U.S.C. 5318(g)). Federal regulatory agencies, State law enforcement agencies, the U.S. Departments of Justice and Treasury, and other authorized authorities may use and share this information. Public reporting and recordkeeping burden for this form is estimated to average 35 minutes per response, and includes time to gather and maintain information for the required report, review the instructions, and complete the information collection. Send comments regarding this burden estimate, including suggestions for reducing the burden, to the Office of Management and the Budget, Paperwork Reduction Project, Washington, DC 20503 and to the Financial Crimes Enforcement Network, Attn.: Paperwork Reduction Act. P.O. Box 39, Vienna VA 22183-0039. The agency may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Explanation/description of suspicious activity. This section of the report is <u>critical</u>. The care with which it is completed <u>may determine whether or not the described activity and its possible criminal nature are clearly understood by investigators</u>. Provide a clear, complete and chronological description of the activity, including what is unusual, irregular or suspicious about the transaction(s). Use the checklist below, <u>as a guide</u>, as you prepare your description. The description should cover the material indicated in Parts I, II and III, but the money services business (MSB) should describe any other information that it believes is necessary to better enable investigators to understand the suspicious activity being reported.

- a. Describe conduct that raised suspicion.
- b. Explain whether the transaction(s) was completed or only attempted.
- c. Describe supporting documentation and retain such documentation for your file for five years.
- d. Indicate a time period, if it was a factor in the suspicious transaction(s), for example, specify the time and whether it occurred during AM or PM. If the activity covers more than one day, identify the time of day when such activity occurred most frequently.
- e. **Retain** any admission or explanation of the transaction(s) provided by the subject(s), or other persons. Indicate when and to whom it was given.
- f. **Retain** any evidence of cover-up or evidence of an attempt to deceive federal or state examiners, or others.
- g. Indicate where the possible violation of law(s) took place (e.g., main office, branch, agent location, etc.).
- Indicate whether the suspicious activity is an isolated incident or relates to another transaction.
- Indicate for a foreign national any available information on subject's passport(s), visa(s), and/or identification card(s). Include date, country, city of issue, issuing authority, and nationality.
- j. Indicate whether any information has been excluded from this report; if so, state reasons.
- k. Indicate whether any U.S. or foreign instrument(s) were involved. If so, provide the amount, name of currency, and country of origin.

- Indicate whether any transfer of money to or from a foreign country, or any exchanges of a foreign currency were involved. If so, identify the currency, country, and sources and destinations of money.
- m. Indicate any additional account number(s), and any foreign bank(s) account numbers which may be involved in transfer of money.
- n. **Identify** any employee or other individual or entity (e.g., agent) suspected of improper involvement in the transaction(s).
- o. For issuers, indicate if the endorser of money order(s) and/or traveler's check(s) is different than payee. If so, provide the individual's name or entity name; bank's name, city, state and country; ABA routing number; endorser's bank account number; foreign non-bank name (if any); correspondent bank name and account number (if any); etc.
- p. For selling or paying locations, indicate if there is a video recording medium or surveillance photograph of the customer.
- q. For selling or paying locations, if you do not have a record of a government issued identification document, <u>describe</u> the type, issuer and number of any alternate identification that is available (e.g., for a credit card specify the name of the customer and credit card number.)
- r. For selling or paying locations, describe the subject(s) if you do not have the identifying information in Part I or if multiple individuals use the same identification. Use descriptors such as male, female, age, etc.
- s. **If correcting** a prior report, complete the form in its entirety and note the changes here in Part VII.

Information already provided in earlier Parts of this form need not necessarily be repeated if the meaning is clear

Supporting documentation should not be filed with this report.	9	
Enter explanation/description in the space below. If necessary, continue the narrative on a duplicate of this page or a blank page.		