

Part II Suspicious Activity Information, Continued**2***20 Purchases and redemptions (check box "P" for purchase or box "R" for redemption)

Instrument	P	R	Issuers	Total Instruments	Total Amount (US Dollars)
Money Orders:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____ .00
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____ .00
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____ .00
Traveler's Checks:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____ .00
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____ .00
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____ .00
Money Transfers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____ .00
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____ .00
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____ .00

*21 Currency Exchanges:	Tendered Currency/Instrument	Country	Received currency	Country	Amount (US Dollars)
<input type="checkbox"/> If bulk small currency	_____	_____	_____	_____	\$ _____ .00
<input type="checkbox"/> If bulk small currency	_____	_____	_____	_____	\$ _____ .00

Part III Transaction Location22 ☐ Multiple transaction locations23 Type of business location (check only one) a ☐ Selling location b ☐ Paying location c ☐ Both

*24 Legal name of business

25 Doing business as

*26 Permanent address (number, street, and suite no.)

*27 City

*28 State

*29 Zip Code

*30 EIN (entity) or SSN/ITIN (individual)

*31 Business telephone number

32 Country
Code
(If not US)33 Internal control/file number
(If available)**Part IV Reporting Business**34 ☐ The Reporting Business is the same as the Transaction Location (go to Part V)

*35 Legal name of business

36 Doing business as

*37 Permanent address (number, street, and suite no.)

*38 City

*39 State

*40 Zip Code

*41 EIN (entity) or SSN/ITIN (individual)

*42 Business phone number (include area code)

43 Country
Code
(If not US)44 Internal control/file number
(If available)**Part V Contact for Assistance**

*45 Designated contact office

*46 Designated phone number (Include area code)

47 Date filed (See instructions)

() -

____/____/____
MM DD YYYY

48 Agency (If not filed by a Money Services Business)

Explanation/description of suspicious activity(ies). This section of the report is **critical**. The care with which it is completed may determine whether or not the described activity and its possible criminal nature are clearly understood by investigators. 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, as a guide, 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.).
- h. **Indicate** whether the suspicious activity is an isolated incident or relates to another transaction.
- i. **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.
- l. **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 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, **describe** 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 amending** a prior report, complete the form in its entirety and note the changes here in Part VI.
- t. If a law enforcement agency has been contacted, list the name of the agency and the name of any person contacted, their title, their telephone number, and when they were contacted.

Supporting documentation should not be filed with this report. Maintain the information for your files.

Enter the explanation/description narrative in the space below. If necessary, continue the narrative on a duplicate of this page or a blank page.

Tips on SAR form preparation and filing are available in the SAR Activity Reviews at www.fincen.gov/pub_reports.html.

Legal disclaimers will not be included in this narrative.