## FinCEN form 109

March, 2011 Previous editions will not be accepted after September 2011

# Suspicious Activity Report by Money Services Business

Please type or print. Always complete entire report. Items marked with an asterisk \* are considered critical. (See instructions .)



1 Check this box only if amending or correcting a prior report (see item 1 instructions) 1a Check this box if this is a recurring report								
Part I Subject Information 2 Multiple subjects (see item instructions)								
3 Subject type (check only one box) a Purchaser/sender b Payee/receiver c Both a & b d Other						Other		
*4 Individual's last name or entity's full name		*5 Firs	st name		6 Mic	ddle initial		
*7 Address								
*8 City	*9 State	*10 Zip Cod		1 1 1	*11 Country Code (If not US)			
	I I	1 1		1 1 1		I		
*12 Government issued identification (if available)								
a Driver's license/state I.D. b Passport c Alien registration z Other								
e Number	i i i			f Issuin	g state/country	<u> </u>		
*13 SSN/ITIN (individual) or EIN (entity)	rth		15 Telephone	number				
	DD YYYY		(	); ;		     		
Part II Suspicious ActivityInformation								
*16 Date or date range of suspicious activity	*17 Total	amount inv	olved in suspicio	us activity	a Amount u	ınknown		
From/	-   \$	     			.00			
*18 Category of suspicious activity (check all that apply)								
a Money laundering b Structuring c Terrorist financing z Other (specify)								
*19 Financial services involved in the suspicious activity and character of the suspicious activity, including unusual use (check all that apply).								
a Money order b Traveler's check c Money transfer								
z Other e Currency exchange  Check all of the following that apply								
(1) Alters transaction to avoid completing funds transfer record (5) Individual(s) using multiple or false identification documents								
or money order or traveler's check record (\$3,000 or more) (6) Two or more individuals using the similar/same identification								
(2) Alters transaction to avoid filing CTR form (more than \$10,000) (7) Two or more individuals working together								
(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								
	(1	0) Exc	changes small bil	ls for large bi	lls or vice versa			
If mailing, send each completed SAR report to: Electronic Computing Center - Detroit Attn: SAR-MSB P.O. Box 33117 Detroit, MI 48232-5980		Go to		g.fincen.treas	vailable to file this i s.gov/index.jsp for n	-		

Part II Suspicious Activ	rity Information, Continue	d	2		
*20 Purchases and redemptions (che	eck box "P" for <u>purchase</u> or box "R" fo	r <u>redemption</u> )			
Instrument P R	Issuers	Total Instrun	nents Total Amount (US Dollars)		
Money Orders:					
			<u>.00</u>		
Traveler's Checks:			<u>.00</u>		
			.00		
Money Transfers					
			.00		
*21 Currency Exchanges: Tendered	d Currency/Instrument Country	Received currency Co	ountry Amount (US Dollars)		
If bulk small currency			\$00		
If bulk small currency			\$00		
Part III Transaction Loca	ation 22 Multiple transa	ction locations			
23 Type of business location (check only	y 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		
, , , , , , , , , , , , , , , , , , , ,	*31 Business telephone number	32 Country Code	33 Internal control/file number (If available)		
		(If not US)			
Part IV Reporting Busine	ess 34 The Reporting E	Business is the same as the	Fransaction Location (go to Part V)		
*35 Legal name of business	36	Doing business as			
*37 Permanent address (number, street	t, and suite no.) *38 City	*39 State	*40 Zip Code		
		12 Country	1         -		
*41 EIN (entity) or SSN/ITIN (individual)	*42 Business phone number (include a	Code	44 Internal control/file number (If available)		
		(If not US)	1		
Part V Contact for Assistance					
*45 Designated contact office	*46 Designated phor	ne number (Include area cod	e) 47 Date filed (See instructions)		
40 American (16 and 71 and 72	(     )	-	MM DD YYYY		
48 Agency (If not filed by a Money Se	rvices Business)				

#### Part VI

### **Suspicious Activity Information - Narrative\***

**Explanation/description of suspicious activity(ies).** 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.
- Describe supporting documentation and <u>retain</u> 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.
- 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.
- 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.
- 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.
- Indicate whether any U.S. or foreign instrument(s) were involved.
   If so, provide the amount, name of currency, and country of origin.
- I. 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).
- 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.
- For selling or paying locations, indicate of 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.
- 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.