

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.)

OMB No. 1506-0015

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 Information2 Multiple subjects (see item instructions)

3 Subject type (check only one box) a Purchaser/sender b Payee/receiver c Both a & b z Other

*4 Individual's last name or entity's full name
White

*5 First name
Jimmy

6 Middle initial
NONE

*7 Address
5 Miami Road

*8 City
New Jersey City

*9 State
New Jersey

*10 ZIP Code

*11 Country code
(if not U.S.)

*12 Government issued identification (if available)

a Driver's license/state I.D. b Passport c Alien Registration z Other _____
e Number A123456 f Issuing state/country New Jersey State

*13 SSN/ITIN (individual) or EIN (entity)
567890123

*14 Date of Birth
11/12/1961
MM/DD/YYYY

15 Telephone business: (212) 897-3456

Part II Suspicious Activity Information

*16 Date or date range of suspicious activity

From 09/19/2009 To 09/25/2009
MM/DD/YYYY MM/DD/YYYY

*17 Total amount involved in suspicious activity

a Amount unknown

\$ 5,055.14

*18 Category of suspicious activity (check all that apply)

a Money laundering b Structuring c Terrorist financing z Other

*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
or money order or traveler's check record (\$3,000 or more)
- (2) Alters transaction to avoid filing CTR form (more than
- (3) Comes in frequently and purchases less than \$3,000
- (4) Changes spelling or arrangement of name
- (5) Individual(s) using multiple or false identification documents
- (6) Two or more individuals using the similar/same identification
- (7) Two or more individuals working together
- (8) Same individual(s) using multiple locations over a short time
- (9) Offers a bribe in the form of a tip/gratuity
- (10) Exchanges small bills for large bills or vice versa

If mailing, send each completed SAR report to:
Enterprise Computing Center - Detroit
Attn: SAR-MSB
P.O. Box 33117
Detroit, MI 48232-0980

A free securing e-filing system is available to file this report.
Go to <http://bsaeiling.fincen.treas.gov> for more

Part II Suspicious Activity Information, Continued

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*20 Purchases and redemptions (check box "P" for purchase or box "R" for redemption)

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

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

Part III Transaction Location

22 Multiple transaction locations

23 Type of business location (check only one) a Selling location b Paying location c Both

*24 Legal name of business

My Foreign Currency Exchange

*25 Doing business as

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

1 Main Street

*27 City

New York

*28 State

ON

*29 Zip Code

12345

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

123456789

*31 Business telephone number

(416) 441-9132

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 telephone 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

Chris Johnson

*46 Designated phone number (Include area code)

2129991234

47 Date filed (See instructions)

09/25/2009

MM/DD/YYYY

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

Part VI Suspicious Activity Information - Narrative*

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.

- | | |
|---|--|
| <ul style="list-style-type: none"> 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. l. If so, provide the amount, name of currency, and country of origin. Indicate whether any transfer of money to or from a foreign country, | <ul style="list-style-type: none"> 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. Also, do not include charts or tables.

Account Name (Account ID)	Date/Time	Tran.#	Currency	Amount
White, Jimmy (1-10002)	09/25/09 11:27	1-4	Sell EUR	3,237.70
White, Jimmy (1-10002)	09/25/09 11:27	1-5	Sell GBP	1,817.44
			TOTAL	5,055.14