



Large Cash Transaction Report (LCTR)

If you have the capability to report electronically, DO NOT use this paper form. Refer to the LCTR reporting guidance on [FINTRAC's website](#) for information on how to complete this report.

Use this form if you are a reporting entity (RE) and you have to submit an LCTR to FINTRAC. All REs that receive \$10,000 (CAD) or more in cash in a single transaction must submit an LCTR to FINTRAC. An LCTR must also be submitted to FINTRAC in accordance with the 24-hour rule when you receive two or more amounts in cash that total \$10,000 (CAD) or more within a consecutive 24-hour window, and you know that those transactions are:

- conducted by the same person or entity;
- conducted on behalf of the same person or entity; or
- for the same beneficiary.

For more information on reporting in accordance with the 24-hour rule, please refer to FINTRAC's 24-hour rule guidance.

You must also keep a copy of this report for your records.

Please refer to FINTRAC's guidance for your reporting entity sector on [FINTRAC's website](#) or call FINTRAC's toll-free enquiries line at 1-866-346-8722 for any questions. In addition, to ensure that you are providing complete and accurate information when you are filling out this paper report, please consult the LCTR validation rules on [FINTRAC's website](#).

Send completed form by mail: FINTRAC, Section A, 234 Laurier Avenue West, 24th Floor, Ottawa, Ontario K1P 1H7
or send completed form by fax: 1-866-226-2346

Is this report a correction to a report previously submitted?

NO

YES

- Enter the original report's date and time

Date Time

YEAR MONTH DAY HOUR MINUTES SECONDS

- COMPLETE this entire form – whether the information has changed or not.
- Provide the new information ONLY for the affected fields.
- If removing information from a field, strike a line through the field.

REPORTING DATE

YEAR MONTH DAY

TIME

HOUR MINUTES SECONDS

All fields of the report marked with an asterisk (*) must be completed unless it is not applicable in the circumstance. For all other fields, you must take reasonable measures to obtain the information, and report what is obtained; reasonable measures refer to the steps, described in your policies and procedures, that you take to obtain the applicable information. If the information is obtained then it **must** be reported. **Failure to provide applicable reporting information will result in non-compliance and may lead to criminal or administrative penalties.** To learn more about potential enforcement actions, refer to Penalties for non-compliance on FINTRAC's website.

General Information

*Reporting entity number:

*Reporting entity report reference number:

*Reporting entity's full name:

Which one of the following types of reporting entities best describes you?

*Activity sector:

Accountant
Bank
British Columbia notary
Caisse populaire
Casino

Co-op credit society
Credit union
Credit union central
Crown agent
Dealer in precious metals
and precious stones

Financial services cooperative
Foreign money services business
Life insurance broker or agent
Life insurance company
Money services business

Provincial savings office
Real estate
Securities dealer
Trust and/or loan company

Whom can FINTRAC contact about this report?

*Surname:

*Given name:

Other/initial:

*Telephone number (with area code):

Extension number:

Email address:

Report information

*24-hour aggregation type:

Beneficiary

Conductor

On behalf of

Not applicable

*24-hour period start:

*24-hour period end:

Date
YEAR MONTH DAY
Time
HOUR MINUTES SECONDS
UTC offset
HOUR MINUTES

Date
YEAR MONTH DAY
Time
HOUR MINUTES SECONDS
UTC offset
HOUR MINUTES

Ministerial Directive — You must consider all requirements issued under a Ministerial directive along with your large cash transaction reporting requirements. For more information, please see the guidance on Ministerial directives and transaction restrictions on [FINTRAC's website](#).

If this report is related to a Ministerial Directive, please check the corresponding box.

IR2020

Information about the transaction

*Date and time of transaction:

Date

20

YEAR

MONTH

DAY

Time

HOUR

MINUTES

SECONDS

UTC offset

+

—

HOUR

MINUTES

*Date and time of posting (if different from the date and time of transaction):

Date

20

YEAR

MONTH

DAY

Time

HOUR

MINUTES

SECONDS

UTC offset

+

—

HOUR

MINUTES

*Method of transaction:

Automated banking machine

Armoured car

Courier

In person

Mail deposit

Night deposit

Quick drop

Self-redemption kiosk

Virtual currency ATM

Other (provide description below)

Other description:

*Threshold indicator — Was the amount of cash received equivalent to or above 10,000 CAD, or below the 10,000 CAD threshold?

Above threshold

Below threshold

*Reporting entity transaction reference number:

Purpose of transaction:

Information about where the cash was received

*Reporting entity location number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Please copy this page for each additional starting action



Starting action	of	for transaction	of
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Starting action

Provide information about how the transaction started, including the amount and currency of cash, where the cash came from, the conductor of the transaction and any on-behalf-of party (if applicable).

*Amount:

*Currency code — Provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

How was the cash obtained?

Please copy this page for each additional source of cash

Starting action of for transaction of

*Was information about the source of cash obtained?

Yes (Provide information on the source of cash)	No
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Source of cash – Person

Surname:

Given name:

Other/initial:

Account number:

Policy number:

Identifying number — Only complete this field if there is no account number or policy number:

Source of cash – Entity

Name of entity:

Policy number:

Account number:

Policy number:

Identifying number — Only complete this field if there is no account number or policy number:

Please copy this page for each additional person

Starting action of for transaction of

*Does this transaction involve a deposit to a business account?

Yes (Go to the information about the person or entity conducting the transaction into a business account page)

No

Information about the person conducting the transaction (if applicable)

*Surname:

*Given name:

Other/Initial:

Alias:

*Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

*Date of birth:

YEAR MONTH DAY

Country of residence:

*Occupation:

Name of employer:

Identification information of the person

*Identifier type 1:

Birth certificate	Government issued identification	Provincial or territorial identity card	Utility statement
Certificate of Indian Status	Insurance documents	Record of employment	Other (provide description below)
Citizenship card	Passport	Record of landing	
Credit file	Permanent resident card	Social Insurance Number card	
Driver's licence	Provincial health card	Visitor visa	

Other description:

*Number associated with identifier type (do not provide social insurance number):

*Jurisdiction of issue (country):

*Jurisdiction of issue (province or state):

*Identifier type 2 — Only complete this section if the dual process method was used to verify the person's identity:

Birth certificate	Government issued identification	Provincial or territorial identity card	Utility statement
Certificate of Indian Status	Insurance documents	Record of employment	Other (provide description below)
Citizenship card	Passport	Record of landing	
Credit file	Permanent resident card	Social Insurance Number card	
Driver's licence	Provincial health card	Visitor visa	

Other description:

*Number associated with identifier type (do not provide social insurance number):

*Jurisdiction of issue (country):

*Jurisdiction of issue (province or state):

Please copy this page for each additional entity

Starting action of for transaction of

Information about the entity conducting the transaction (if applicable)

*Name of entity:

*Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

*Nature of entity's principal business:

*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Is the entity incorporated or registered?

Incorporated

Registered

Incorporated and registered

Incorporation information

*Incorporation number:

*Jurisdiction of issue (country) of incorporation:

*Jurisdiction of issue (province or state) of incorporation:

Registration information

*Registration number:

*Jurisdiction of issue (country) of registration:

*Jurisdiction of issue (province or state) of registration:

Identification information of the entity

*Identifier type:

Articles of association Annual report	Certificate of corporate status Certificate of incorporation	Letter/Notice of assessment Partnership agreement	Other (provide description below)
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Other description:

*Number associated with identifier type:

*Jurisdiction of issue (country):

*Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or act with respect to the account (up to 3)

Person 1

*Surname:

*Given name:

Other/Initial:

Person 2 (if applicable)

*Surname:

*Given name:

Other/Initial:

Person 3 (if applicable)

*Surname:

*Given name:

Other/Initial:

Please copy this page for each additional person or entity



Starting action

of

for transaction

of

Information about the person conducting the transaction into a business account (if applicable)

*Surname:

*Given name:

Other/Initial:

Information about the entity conducting the transaction into a business account (if applicable)

*Name of entity:

Please copy this page for each additional person

Starting action of for transaction of

On behalf of indicator

*Was this transaction conducted on behalf of another person or entity?

Yes (Provide information below about the person or entity on whose behalf the transaction was conducted)

No (Go to the completing action page)

Information about the person on whose behalf the transaction was conducted (if applicable)

*Surname:

*Given name:

Other/Initial:

Alias:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state:

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Date of birth:

YEAR MONTH DAY

Country of residence:

*Occupation:

Name of employer:

Identification information of the person

Identifier type 1:

Birth certificate	Government issued identification	Provincial or territorial identity card	Utility statement
Certificate of Indian Status	Insurance documents	Record of employment	Other (provide description below)
Citizenship card	Passport	Record of landing	
Credit file	Permanent resident card	Social Insurance Number card	
Driver's licence	Provincial health card	Visitor visa	

Other description:

Number associated with identifier type (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Identifier type 2 — Only complete this section if the dual process method was used to verify the person's identity:

Birth certificate	Government issued identification	Provincial or territorial identity card	Utility statement
Certificate of Indian Status	Insurance documents	Record of employment	Other (provide description below)
Citizenship card	Passport	Record of landing	
Credit file	Permanent resident card	Social Insurance Number card	
Driver's licence	Provincial health card	Visitor visa	

Other description:

Number associated with identifier type (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Relationship of the person named above to the person or entity conducting the transaction

*Relationship:

Accountant	Customer	Joint/Secondary owner	Vendor/Supplier
Agent	Employee	Legal counsel	Other (provide description below)
Borrower	Employer	Power of attorney	
Broker	Friend	Relative	

Other description:

Please copy this page for each additional entity

Starting action of for transaction of

Information about the entity on whose behalf the transaction was conducted (if applicable)

*Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

*Street address:

*City:

District:

*Province or state::

Sub-province and/or sub-locality:

*Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

*Nature of entity's principal business:

*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Is the entity incorporated or registered?

Incorporated

Registered

Incorporated and registered

Incorporation information

*Incorporation number:

*Jurisdiction of issue (country) of incorporation:

*Jurisdiction of issue (province or state) of incorporation:

Registration information

*Registration number:

*Jurisdiction of issue (country) of registration:

*Jurisdiction of issue (province or state) of registration:

Identification information of the entity

Identifier type:

Annual report Articles of association	Certificate of corporate status Certificate of incorporation	Letter/Notice of assessment Partnership agreement	Other (provide description below)
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Other description:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or act with respect to the account (up to 3)

Person 1

Surname:

Given name:

Other/Initial:

Person 2 (if applicable)

Surname:

Given name:

Other/Initial:

Person 3 (if applicable)

Surname:

Given name:

Other/Initial:

Relationship of the entity named above to the person or entity conducting the transaction

*Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Vendor/Supplier Other (provide description below)
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Other description:

Please copy this page for each additional completing action

Completing action of for transaction of

Completing action

Provide information about how the transaction was completed, including the details of disposition, the amount, information on any other person or entity that may have been involved in the completing action and, on any person or entity that was the beneficiary of the transaction.

*Details of disposition:

Added to virtual currency wallet	Issued cheque	Payment to account	Purchase of precious metals
Denomination exchange	Life insurance policy purchase or deposit	Purchase of/Payment for goods	Purchase of precious stones
Deposit to account	Outgoing domestic funds transfer	Purchase of/Payment for services	Purchase of prepaid payment product/card
Exchange to fiat currency	Outgoing email money transfer	Purchase of bank draft	Real estate purchase or deposit
Exchange to virtual currency	Outgoing international funds transfer	Purchase of casino product	Other (provide description below)
Holding funds	Outgoing mobile money transfer	Purchase of jewellery	
Investment product purchase or deposit	Outgoing virtual currency transfer	Purchase of money order	

Other description:

*Amount — If the disposition was in funds:

*Currency code — If the disposition was in funds, provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

*Amount — If the disposition was in virtual currency:

*Virtual currency type — Full name / Abbreviation — Provide the full name and abbreviation of the virtual currency (e.g. Bitcoin/BTC)

Full name

Abbreviation

Exchange rate:

*Value in Canadian dollars — If the disposition was not in funds:

*Reference number — This field is for non-account-based sectors and should only be completed if applicable:

Other number related to reference number (if applicable):

Account information (if applicable)

*Financial institution number:

*Branch number:

*Account number:

*Account type:

Business	Personal	Other (provide description below)
Casino	Trust	

Other description:

*Account currency code — Provide the currency code/abbreviation (e.g. CAD for Canadian dollars):

Date account opened:

YEAR MONTH DAY

Please copy this page for each additional account holder

Completing action of for transaction of

Account holders

Person 1

*Surname:

*Given name:

Other/Initial:

Person 2 (if applicable)

*Surname:

*Given name:

Other/Initial:

Entity 1

*Name of entity:

Entity 2 (if applicable)

*Name of entity:

*Was there any other person or entity involved in the completing action? — Other than the conductor, on behalf of, or beneficiary

Yes (Provide information on the person or entity involved in the completing action page)

No (Go to person beneficiary or entity beneficiary page. There must always be a minimum of one beneficiary per transaction)

Please copy this page for each additional person or entity involved in the competing action



Completing action

of

for transaction

of

Information about the person involved in the completing action (if applicable)

*Surname:

*Given name:

Other/Initial:

*Account number

*Policy number:

*Identifying number — Only complete this field if there is no account number or policy number:

Information about the entity involved in the completing action (if applicable)

*Name of entity:

*Account number

*Policy number:

*Identifying number — Only complete this field if there is no account number or policy number:

Please copy this page for each additional person

Completing action of for transaction of

Information about the person beneficiary (if applicable)

*Surname:

*Given name:

Other/Initial:

Alias:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

Street address:

City:

District:

Province or state:

Sub-province and/or sub-locality:

Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Date of birth:

YEAR MONTH DAY

Country of residence:

Occupation:

Name of employer:

Identification information of the person

Identifier type 1:

Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence	Government issued identification Insurance documents Passport Permanent resident card Provincial health card	Provincial or territorial identity card Record of employment Record of landing Social Insurance Number card Visitor visa	Utility statement Other (provide description below)
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Other description:

Number associated with identifier type (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Identifier type 2 — Only complete this section if the dual process was used to verify the person's identity:

Birth certificate Certificate of Indian Status Citizenship card Credit file Driver's licence	Government issued identification Insurance documents Passport Permanent resident card Provincial health card	Provincial or territorial identity card Record of employment Record of landing Social Insurance Number card Visitor visa	Utility statement Other (provide description below)
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Other description:

Number associated with identifier type (do not provide social insurance number):

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Relationship of the person named above to the person or entity conducting the transaction

Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Self Vendor/Supplier Other (provide description below)
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Other description:

Please copy this page for each additional entity

Completing action of for transaction of

Information about the entity beneficiary (if applicable)

*Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

Street address:

City:

District:

Province or state:

Sub-province and/or sub-locality:

Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Nature of entity's principal business:

*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Is the entity incorporated or registered?

Incorporated

Registered

Incorporated and registered

Incorporation information

Incorporation number:

Jurisdiction of issue (country) of incorporation:

Jurisdiction of issue (province or state) of incorporation:

Registration information

Registration number:

Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

Identification information of the entity

Identifier type:

Articles of association Annual report	Certificate of corporate status Certificate of incorporation	Letter/Notice of assessment Partnership agreement	Other (provide description below)
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Other description:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or act with respect to the account (up to 3)

Person 1

Surname:

Given name:

Other/Initial:

Person 2 (if applicable)

Surname:

Given name:

Other/Initial:

Person 3 (if applicable)

Surname:

Given name:

Other/Initial:

Relationship of the entity named above to the person or entity conducting the transaction

Relationship:

Accountant Agent Borrower Broker	Customer Employee Employer Friend	Joint/Secondary owner Legal counsel Power of attorney Relative	Self Vendor/Supplier Other (provide description below)
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Other description: