BANKING COMMISSION

P.O. Box D
Majuro, Marshall Islands 96960

PHONE: (692) 625-6310 FAX: (692) 625-6309

Currency Transaction Report

ALWAYS COMPLETE ENTIRE REPORT (see instructions)

1 Check all box(es) that apply:
a ☐ Amends prior report b ☐ Multiple persons c ☐ Multiple transactions

Part I **Person(s) Involved In Transaction(s)**

Section A – Person(s) on Whose Behalf Transaction(s) Is Conducted

2 Individual's last name or Organization's name	3 First Name	4 M.I.

5 Doing business as (DBA)	6 SSN or EIN

7 Address	8 Date of birth M M D D Y Y Y Y

	9 Country	10 Occupation, profession, or business

11 If an individual, describe method used to verify identity:
a ☐ Driver's license/State I.D. b ☐ Passport c ☐ Alien registration d ☐ Other .....
e Issued by: f Number:

Section B – Individual(s) Conducting Transaction(s) (if other than above)
If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s):

a ☐ Armored Car Service b ☐ Mail Deposit or Shipment c ☐ Night Deposit or Automated Teller Machine (ATM)
d ☐ Multiple Transactions e ☐ Conducted On Own Behalf

12 Individual's last name	13 First Name	14 M.I.

15 Address	16 SSN

	17 Country	18 Date of birth M M D D Y Y Y Y

19 If an individual, describe method used to verify identity:
a ☐ Driver's license/State I.D. b ☐ Passport c ☐ Alien registration d ☐ Other .....
e Issued by: f Number:

Part II **Amount and Type of Transaction(s). Check all boxes that apply.**

20 Cash In $ _____ 21 Cash Out $ _____ 22 Date of Transaction M M D D Y Y Y Y

23 ☐ Foreign Currency _____ (Country) 24 ☐ Wire Transfer(s) 25 ☐ Negotiable Instrument(s) Purchased
26 ☐ Negotiable Instrument(s) Cashed 27 ☐ Currency Exchange(s) 28 ☐ Deposits/Withdrawal(s)
29 ☐ Account Number(s) Affected (if any) 30 ☐ Other (specify)

_____ _____
_____ _____
_____ _____

Part III **Financial Institution Where Transaction(s) Takes Place**

31 Name of financial institution

32 Address	33 SSN or EIN

Sign Here ▶	34 Title of approving official	35 Signature of approving official	36 Date of signature M M D D Y Y Y Y
	37 Type or print preparer's name	38 Type or print name of person in contact	39 Telephone number ( )

Multiple Persons

(Complete applicable parts below if box 1b on page 1 is checked.)

Part I **Person(s) Involved In Transaction(s)**

Section A – Person(s) on Whose Behalf Transaction(s) Is Conducted

2 Individual's last name or Organization's name	3 First Name	4 M.I.
5 Doing business as (DBA)	6 SSN or EIN	
7 Address	8 Date of birth M M D D Y Y Y Y	
9 Country	10 Occupation, profession, or business	

11 If an individual, describe method used to verify identity:

a ☐ Driver's license/State I.D. b ☐ Passport c ☐ Alien registration d ☐ Other .....

e Issued by: f Number:

Section B – Individual(s) Conducting Transaction(s) (if other than above)

12 Individual's last name	13 First Name	14 M.I.
15 Address	16 SSN or EIN	
17 Country	18 Date of birth M M D D Y Y Y Y	

19 If an individual, describe method used to verify identity:

a ☐ Driver's license/State I.D. b ☐ Passport c ☐ Alien registration d ☐ Other .....

e Issued by: f Number:

Part I **Person(s) Involved In Transaction(s)**

Section A – Person(s) on Whose Behalf Transaction(s) Is Conducted

2 Individual's last name or Organization's name	3 First Name	4 M.I.
5 Doing business as (DBA)	6 SSN or EIN	
7 Address	8 Date of birth M M D D Y Y Y Y	
9 Country	10 Occupation, profession, or business	

11 If an individual, describe method used to verify identity:

a ☐ Driver's license/State I.D. b ☐ Passport c ☐ Alien registration d ☐ Other .....

e Issued by: f Number:

Section B – Individual(s) Conducting Transaction(s) (if other than above)

12 Individual's last name	13 First Name	14 M.I.
15 Address	16 SSN or EIN	
17 Country	18 Date of birth M M D D Y Y Y Y	

19 If an individual, describe method used to verify identity:

a ☐ Driver's license/State I.D. b ☐ Passport c ☐ Alien registration d ☐ Other .....

e Issued by: f Number: