

ANTI-MONEY LAUNDERING COMPLIANCE FORM

Fax this form together with a copy of Sender's identification to (800)711-0790.

Complete the following information for orders equal or higher than US\$ 2,000.00 (FEES INCLUDED)

AGENCY _____ INVOICE # _____ DATE _____ AMOUNT _____

SENDER FULL NAME _____ DATE OF BIRTH _____ mm/dd/yyyy

RECEIVER FULL NAME _____ DATE OF BIRTH _____ mm/dd/yyyy

ADDITIONAL SENDER INFORMATION MUST BE COMPLETED

FOR ORDERS \$5,000 and ABOVE:

EMPLOYER NAME _____ OCCUPATION _____

EMPLOYER ADDRESS _____ EMPLOYER TEL # _____

REASON FOR REMITTANCE _____

RELATIONSHIP TO BENEFICIARY _____ SOURCE OF FUNDS _____

Must attach photocopy of source of funds together with this filled-up form.

TYPE OF IDENTIFICATION OR DOCUMENT PRESENTED (ID MUST NOT BE EXPIRED)

DRIVER'S LICENSE NUMBER _____

STATE ISSUED _____

ALIEN CARD NUMBER _____

EXPIRATION DATE _____

STATE ID NUMBER _____

SSN: _____ - _____ - _____

WORK PERMIT NUMBER _____



Required for \$3000 or more (including service fees) within five (5) business days when a US document is presented.

SHIP / SEAMAN'S ID NUMBER _____

MILITARY ID NUMBER _____

PASSPORT NUMBER _____

COUNTRY _____

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Note to NYBR agent: All documents must be in file for 5 years.