



Tel: 800.937.3648 or 212.344.5574

ANTI-MONEY LAUNDERING COMPLIANCE FORM

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 _____ SSN _____ - _____ - _____

EMPLOYER NAME _____ OCCUPATION _____

EMPLOYER COMPLETE ADDRESS _____ EMPLOYER TEL # _____

RECEIVER FULL NAME _____

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

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____ EXPIRATION DATE _____

PASSPORT NUMBER _____ COUNTRY _____ EXPIRATION DATE _____

ALIEN CARD NUMBER _____ EXPIRATION DATE _____

WORK PERMIT NUMBER _____ EXPIRATION DATE _____

STATE ID NUMBER _____ STATE ISSUED _____ EXPIRATION DATE _____

SHIP / SEAMAN'S ID NUMBER _____ EXPIRATION DATE _____

MILITARY ID NUMBER _____ EXPIRATION DATE _____

ADDITIONAL REQUIREMENTS FOR ORDERS AMOUNTING TO \$10,000 AND ABOVE OR \$13,000 WITHIN SIX MONTHS:

REASON FOR REMITTANCE _____ SOURCE OF FUNDS _____

Please fill up and fax this form to (800)711-0790. All filled-up forms must be accompanied with a copy of Sender's identification.

Note to Trans-Fast agent: All documents must be in file for 6 years.