

COVERED TRANSACTION REPORT (CTR) <i>(Complete all parts that apply—see instructions)</i>		AMLC Form No. _____	
		Date of Report ____/____/____ (MM)/(DD)/(YYYY)	
1 Check all box(es) that apply: a <input type="checkbox"/> Amends report dated _____ (MM/DD/YYYY) b <input type="checkbox"/> Individual person c <input type="checkbox"/> Multiple persons d <input type="checkbox"/> Corporation			
PART I Reporting Covered Institution Information			
2 Name of covered institution <i>(if a branch, specify location)</i>		3 Nature of business	
4 If institution has closed, date closed ____/____/____ (MM)/(DD)/(YYYY)		5 Supervising Authority <input type="checkbox"/> BSP <input type="checkbox"/> SEC <input type="checkbox"/> IC	
6 Address _____ <i>unit no. building no. & street barangay city province zip code</i>			
7 Name of contact person		8 Telephone nos.	
Last _____ First _____ M.I. _____		9 Fax nos.	
Title/position _____			
Part II Person(s) Involved in Transaction(s)			
Section A Individual Person			
10 Name			
Last _____ First _____ M.I. _____			
11 Home address _____ <i>unit no. building no. & street barangay city province zip code</i>			
12 Home tel. no.	13 <input type="checkbox"/> SSS <input type="checkbox"/> GSIS <input type="checkbox"/> TIRI no.	14 Date of birth ____/____/____ (MM)/(DD)/(YYYY)	15 Place of birth <i>(town, city, province)</i>
16 Home fax no.			
17 Business name	18 Business tel. no.	19 Business fax no.	
20 Address _____ <i>unit no. building no. & street barangay city province zip code</i>			
<i>If transaction involves the opening of an account, please complete this section.</i>			
21 Transaction was entered into by the client in person <input type="checkbox"/> yes <input type="checkbox"/> no			
22 Document to verify identity			
a <input type="checkbox"/> Driver's license	b <input type="checkbox"/> Alien registration	c <input type="checkbox"/> Passport	
d <input type="checkbox"/> Company ID	e <input type="checkbox"/> Others _____		
23 Issuing authority _____	24 Number _____		
25 Date issued ____/____/____ (MM)/(DD)/(YYYY)	26 Date of expiry ____/____/____ (MM)/(DD)/(YYYY)		

27 Relationship to covered institution (check all applicable boxes) a <input type="checkbox"/> Accountant b <input type="checkbox"/> Attorney c <input type="checkbox"/> Customer d <input type="checkbox"/> Officer e <input type="checkbox"/> Agent f <input type="checkbox"/> Borrower g <input type="checkbox"/> Director h <input type="checkbox"/> Shareholder i <input type="checkbox"/> Appraiser j <input type="checkbox"/> Broker k <input type="checkbox"/> Employee l <input type="checkbox"/> Depositor m <input type="checkbox"/> Other (please specify) _____			
28 Is the relationship an employment relationship? a <input type="checkbox"/> Yes b <input type="checkbox"/> No If Yes specify: c <input type="checkbox"/> Still employed e <input type="checkbox"/> Terminated d <input type="checkbox"/> Suspended f <input type="checkbox"/> Resigned		29 Date of suspension, termination, resignation ____/____/____ (MM)/(DD)/(YYYY)	
<h3>Section B Multiple Persons</h3>			
<i>Please accomplish the form contained in Annex "A" for each individual.</i>			
30 Number of individuals _____ 31 Number of attached forms of Annex "A" _____			
<h3>Section C Corporation or Partnership</h3>			
32 Regulated name _____		33 Registration no. _____	34 Date of registration ____/____/____ (MM)/(DD)/(YYYY)
35 Address _____ <i>unit no. building no. and street barangay</i> _____ <i>city province zip code</i>		36 Telephone nos. _____ 37 Fax nos. _____	
38 Nature of business _____			
39 Document to verify legal existence a <input type="checkbox"/> Certificate of registration c <input type="checkbox"/> City/Municipal permits b <input type="checkbox"/> Articles of Incorporation/By-Laws d <input type="checkbox"/> Others			
<h3>PART III Description of Transaction</h3>			
40 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Insurance d <input type="checkbox"/> Other			
41 Description of transaction (check all applicable boxes) a <input type="checkbox"/> single transaction b <input type="checkbox"/> series or combination of transactions c <input type="checkbox"/> conducted within five (5) consecutive banking days d <input type="checkbox"/> amount involved is in excess of Php4 Million or its equivalent in foreign currency e <input type="checkbox"/> client is not properly identified f <input type="checkbox"/> amount of transaction is not commensurate with client's business or financial capacity g <input type="checkbox"/> no underlying legal or trade obligation, purpose, origin or economic justification h <input type="checkbox"/> unusually large and complex i <input type="checkbox"/> cash deposit or investment having no credible purpose or origin, underlying trade obligation or contract			

General Instructions

Who Must File.—Each covered institution must file AMLC Form No. _____ (CTR) for each transaction by, through, or to the covered institution which involves a transaction in Philippine currency or its equivalent in foreign currency of more than Php4,000,000.00. Multiple transactions must be treated as a single transaction if the covered institution has knowledge that (1) they are by or on behalf of the same person, and (2) they result in currency received (Cash In) or currency disbursed (Cash Out) by the covered institution totaling more than Php4,000,000.00 in a series of transactions. A business day is a calendar day.

Identification Requirements.— **This is important!** All individuals conducting a reportable transaction(s) for themselves or for another person must be identified by means of an official document(s) from the covered institution as the person/s authorized to make such a report.

In completing the CTR, the covered institution must indicate on the form the method, type, and number of the identification of the account holder or customer used in the transaction. Statements such as “known customer” or “signature card on file” are not sufficient for form completion.

When and Where To File.—File this CTR within five (5) days from which the transaction occurred to:

**THE EXECUTIVE DIRECTOR
ANTI-MONEY LAUNDERING COUNCIL
BANGKO SENTRAL NG PILIPINAS
COR. A. MABINI AND P. OCAMPO STS.
MALATE, MANILA**

Penalties.—Civil and criminal penalties are provided by the law for failure to file a CTR or to supply information or for filing a false or fraudulent CTR.

Specific Instructions

1. Because of the limited space of the CTR, it may be necessary to submit additional information on attached sheets. Submit this additional information on plain paper attached to the CTR. Be sure to put the covered institution's, individual's or organization's name and identifying number (e.g., items 2, 3, 4, and 6 of the CTR) on any additional sheets so that if it becomes separated, it may be associated with the CTR.
2. Amounts may be aggregated. The threshold limit for mandatory filing of a covered transaction report is an amount in excess of Php4,000,000.00. This covers the following transactions:
 - a. a single, series or combination of transactions a total amount in excess of Php4,000,000.00 or an equivalent in foreign currency based on the prevailing exchange rate within five (5) consecutive banking days where the client is not properly identified and/or the amount is not commensurate with his business or financial capacity, or is without any underlying legal or trade obligation, purpose, origin or economic justification.
 - b. A single, series or combination or pattern of unusually large and complex transactions in excess of Php4,000,000.00 or an equivalent in foreign currency based on the prevailing exchange rate, especially cash deposits and investments having no credible purpose or origin, underlying trade obligation or contract.
3. Enter the full address of the covered institution where the transaction occurred. If there are multiple transactions, provide information on the office or branch where any one of the transactions has occurred.
4. The CTR shall be signed by the employee(s) who dealt directly with customer in the transaction and who made the initial internal report within the covered institution, the Compliance Officer of the covered institution, who made the necessary evaluation of the transaction and a senior official of the covered institution with a rank not lower than senior vice-president, who approved the filing of the CTR.

AMLC FORM NO. _____
ANNEX "A"

Form for Information on Individuals

Section B Multiple Persons			
Individual Information			
1 Name			
Last _____ First _____ M.I. _____			
2 Business name	3 <input type="checkbox"/> SSS <input type="checkbox"/> GSIS <input type="checkbox"/> TIN No.	4 Date of birth ____/____/____ (MM)/(DD)/(YYYY)	
5 Tel. nos.		6 Fax nos.	7 Place of birth (town, city, province)
8 Address _____ unit no. building no. and street barangay _____ city province zip code			9 Telephone nos.
10 Fax nos.			
<i>If transaction involves the opening of an account, please complete this section.</i>			
11 Transaction was entered into by the client in person <input type="checkbox"/> yes <input type="checkbox"/> no			
12 Document to verify identity			
a <input type="checkbox"/> Driver's license b <input type="checkbox"/> Alien registration c <input type="checkbox"/> Passport d <input type="checkbox"/> Company ID e <input type="checkbox"/> Others _____			
13 Issuing authority _____		14 Number _____	
15 Date issued _____ (MM)/(DD)/(YYYY)		16 Date of expiry _____ (MM)/(DD)/(YYYY)	
17 Relationship to covered institution:			
a <input type="checkbox"/> Accountant b <input type="checkbox"/> Attorney c <input type="checkbox"/> Customer d <input type="checkbox"/> Officer e <input type="checkbox"/> Agent f <input type="checkbox"/> Borrower g <input type="checkbox"/> Director h <input type="checkbox"/> Shareholder i <input type="checkbox"/> Appraiser j <input type="checkbox"/> Broker k <input type="checkbox"/> Employee l <input type="checkbox"/> Depositor m <input type="checkbox"/> Other _____			
18 Is the relationship an employment relationship? a <input type="checkbox"/> Yes b <input type="checkbox"/> No		19 Date of suspension, termination, resignation ____/____/____ (MM)/(DD)/(YYYY)	
If Yes specify: c <input type="checkbox"/> Still employed e <input type="checkbox"/> Terminated d <input type="checkbox"/> Suspended f <input type="checkbox"/> Resigned			

**AMLC FORM NO. _____
ANNEX "B"**

Form for Individual Transaction in a Series

Transaction No. _____																										
1 Amount involved _____																										
<table style="width:100%; border:none;"> <tr> <td style="width:30%;">a <input type="checkbox"/> Philippine currency</td> <td style="width:30%;">Php _____</td> <td style="width:40%; text-align:right;">.00</td> </tr> <tr> <td>b <input type="checkbox"/> Foreign currency</td> <td>_____</td> <td style="text-align:right;">.00</td> </tr> <tr> <td>c <input type="checkbox"/> Cashier's check(s)</td> <td>_____</td> <td style="text-align:right;">.00</td> </tr> <tr> <td>d <input type="checkbox"/> Money order(s)</td> <td>_____</td> <td style="text-align:right;">.00</td> </tr> <tr> <td>e <input type="checkbox"/> Bank draft(s)</td> <td>_____</td> <td style="text-align:right;">.00</td> </tr> <tr> <td>f <input type="checkbox"/> Traveler's checks</td> <td>_____</td> <td style="text-align:right;">.00</td> </tr> <tr> <td>g <input type="checkbox"/> Securities</td> <td>_____</td> <td style="text-align:right;">.00</td> </tr> <tr> <td>h <input type="checkbox"/> Others _____</td> <td></td> <td></td> </tr> </table>			a <input type="checkbox"/> Philippine currency	Php _____	.00	b <input type="checkbox"/> Foreign currency	_____	.00	c <input type="checkbox"/> Cashier's check(s)	_____	.00	d <input type="checkbox"/> Money order(s)	_____	.00	e <input type="checkbox"/> Bank draft(s)	_____	.00	f <input type="checkbox"/> Traveler's checks	_____	.00	g <input type="checkbox"/> Securities	_____	.00	h <input type="checkbox"/> Others _____		
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