

**UNITED STATES DEPARTMENT OF THE TREASURY  
OFFICE OF FOREIGN ASSETS CONTROL  
REPORT OF BLOCKED TRANSACTIONS**

**INSTITUTION INFORMATION**

<b>INSTITUTION</b>		<b>TYPE OF INSTITUTION</b>	<b>ADDRESS</b>
<b>CITY</b>	<b>STATE</b>	<b>CONTACT PERSON</b>	<b>TELEPHONE NUMBER</b>
<b>POSTAL CODE</b>	<b>COUNTRY</b>	<b>E-MAIL ADDRESS</b>	<b>FAX NUMBER</b>

**TRANSACTION INFORMATION**

<b>AMOUNT BLOCKED</b>	<b>DATE OF TRANSACTION</b>	<b>DATE OF BLOCKING</b>	<b>PROGRAM OR REASON FOR BLOCKING FUNDS</b>
<b>ORIGINATOR NAME &amp; ADDRESS</b>		<b>ORIGINATING FINANCIAL INSTITUTION NAME &amp; ADDRESS</b>	
<b>INTERMEDIARY FINANCIAL INSTITUTION(S) NAME &amp; ADDRESS</b>		<b>BENEFICIARY FINANCIAL INSTITUTION NAME &amp; ADDRESS</b>	
<b>BENEFICIARY NAME &amp; ADDRESS</b>		<b>ADDITIONAL RELEVANT INFORMATION (USE PAGE 2 IF MORE SPACE IS NEEDED)</b>	
<b>ADDITIONAL DATA FOUND IN ORIGINATOR TO BENEFICIARY INFORMATION OR BANK TO BANK INFORMATION</b>			

**PLEASE ATTACH A COPY OF PAYMENT INSTRUCTIONS AS PAGE 3 OF THIS FORM**

**PREPARER INFORMATION**

<b>SIGNATURE</b>	<b>NAME OF SIGNER</b>	<b>TITLE OF SIGNER</b>	<b>DATE PREPARED</b>
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**ADDITIONAL INFORMATION  
(PLEASE INCLUDE PAYMENT INSTRUCTIONS AS A SEPARATE ATTACHMENT TO THIS DOCUMENT)**