

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

INSTITUTION INFORMATION

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

TRANSACTION INFORMATION

AMOUNT REJECTED	DATE OF TRANSACTION	DATE OF REJECTION	PROGRAM OR REASON FOR REJECTING FUNDS
ORIGINATOR NAME & ADDRESS		ORIGINATING FINANCIAL INSTITUTION NAME & ADDRESS	
INTERMEDIARY FINANCIAL INSTITUTION(S) NAME & ADDRESS		BENEFICIARY FINANCIAL INSTITUTION NAME & ADDRESS	
BENEFICIARY NAME & ADDRESS		ADDITIONAL RELEVANT INFORMATION (USE PAGE 2 IF MORE SPACE IS NEEDED)	
ADDITIONAL DATA FOUND IN ORIGINATOR TO BENEFICIARY INFORMATION OR BANK TO BANK INFORMATION			

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

PREPARER INFORMATION

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