



# Registration of Money Service Business

Version Number: 1.1

OMB No. 1506-0013

## Steps to Submit

1. Complete the report in its entirety with all requested or required data known to the filer.
2. Click "Validate" to ensure proper formatting and that all required fields are completed.
3. Sign with PIN.
4. Click "Save"; filers may also "Print" a paper copy for their records.
5. Click "Submit".

Filing Name

**SPECIAL NOTE:** Please be advised that Part V of this registration may be left blank for an initial registration when the Primary Transaction Account for MSB Activities is not yet known. Registrants must file a corrected registration when the account data is known.

Save

Validate

Submit

Print

By providing my PIN, I acknowledge that I am electronically signing the BSA report submitted.

Sign with PIN

Release Date: 08/08/2018

### PAPERWORK REDUCTION ACT NOTICE

Public reporting and recordkeeping burden for this collection of information is estimated to average 50 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information to the Department of Treasury, Financial Crimes Enforcement Network, PO Box 39, Vienna, VA 22183.

**Part I Filing Information**

1 Indicate the type of filing by checking a, b, or d below (Check only one). If filing a correction, check "c" **and** either a, b, or d.

a  Initial registration    b  Renewal    c  Correct/amend a prior report    d  Re-registration

e Enter RMSB registration (BSA ID) number if 1b, 1c, or 1d is checked

2 If you checked item 1 d please indicate the reason(s). Check all that apply.

a  Re-registered under state law    b  More than 10 percent transfer of equity interest    c  More than 50 percent increase in agents

**Part II Registrant Information**

Check here  if entity

\*3 Individual's last name, or entity's legal name

\*4 First name

5 Middle name/initial

Suffix name

6 Alternate name, e.g., AKA - individual or DBA - entity

\*7 Address

\*8 City

\*9 State

\*10 ZIP/Postal Code

\*11 Country

\*12 TIN

\*13 TIN type

14 Date of birth

15 Telephone number  Ext.

16 E-mail address

17 Website address (URL)

18 Name of compliance contact person for this registered MSB

19 Compliance telephone number  Ext.

## Part III Owner or Controlling Person

Check here  if entity

20 Individual's last name, or entity's legal name

21 First name

22 Middle name/initial

Suffix name

23 Address

24 City

25 State  26 ZIP/Postal Code

27 Country

28 TIN  29 TIN type

30 Date of birth

31 E-mail address

32 Website address (URL)

33 Telephone number  Ext.

## Part IV Money Services and Product Information

\*34 U.S. States and/or territories where the registrant, its agents or branches are physically located and/or providing MSB activities. **Note:** At least one box in item 34 must be checked. Check box a, b, or c as appropriate (Check only one). If box a, b, or c **does not apply**, check as many state/territory boxes as appropriate. If MSB engages in activities on tribal lands, mark the box for the state, territory or district in which the tribal lands are located. In addition, check box "d" if the MSB engages in activities in foreign locations (non-U.S. and US Territories).

a  All States & Territories      b  All States      c  All Territories      d  Foreign Location(s)

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Alabama (AL)              | <input type="checkbox"/> Georgia (GA)          | <input type="checkbox"/> Maryland (MD)      | <input type="checkbox"/> New York (NY)         | <input type="checkbox"/> South Dakota (SD)   |
| <input type="checkbox"/> Alaska (AK)               | <input type="checkbox"/> Guam (GU)             | <input type="checkbox"/> Massachusetts (MA) | <input type="checkbox"/> North Carolina (NC)   | <input type="checkbox"/> Tennessee (TN)      |
| <input type="checkbox"/> American Samoa (AS)       | <input type="checkbox"/> Hawaii (HI)           | <input type="checkbox"/> Michigan (MI)      | <input type="checkbox"/> North Dakota (ND)     | <input type="checkbox"/> Texas (TX)          |
| <input type="checkbox"/> Arizona (AZ)              | <input type="checkbox"/> Idaho (ID)            | <input type="checkbox"/> Minnesota (MN)     | <input type="checkbox"/> N. Mariana Isls. (MP) | <input type="checkbox"/> Utah (UT)           |
| <input type="checkbox"/> Arkansas (AR)             | <input type="checkbox"/> Illinois (IL)         | <input type="checkbox"/> Mississippi (MS)   | <input type="checkbox"/> Ohio (OH)             | <input type="checkbox"/> Vermont (VT)        |
| <input type="checkbox"/> California (CA)           | <input type="checkbox"/> Indiana (IN)          | <input type="checkbox"/> Missouri (MO)      | <input type="checkbox"/> Oklahoma (OK)         | <input type="checkbox"/> Virgin Islands (VI) |
| <input type="checkbox"/> Colorado (CO)             | <input type="checkbox"/> Iowa (IA)             | <input type="checkbox"/> Montana (MT)       | <input type="checkbox"/> Oregon (OR)           | <input type="checkbox"/> Virginia (VA)       |
| <input type="checkbox"/> Connecticut (CT)          | <input type="checkbox"/> Kansas (KS)           | <input type="checkbox"/> Nebraska (NE)      | <input type="checkbox"/> Palau (PW)            | <input type="checkbox"/> Washington (WA)     |
| <input type="checkbox"/> Delaware (DE)             | <input type="checkbox"/> Kentucky (KY)         | <input type="checkbox"/> Nevada (NV)        | <input type="checkbox"/> Pennsylvania (PA)     | <input type="checkbox"/> West Virginia (WV)  |
| <input type="checkbox"/> District of Columbia (DC) | <input type="checkbox"/> Louisiana (LA)        | <input type="checkbox"/> New Hampshire (NH) | <input type="checkbox"/> Puerto Rico (PR)      | <input type="checkbox"/> Wisconsin (WI)      |
| <input type="checkbox"/> FS of Micronesia (FM)     | <input type="checkbox"/> Maine (ME)            | <input type="checkbox"/> New Jersey (NJ)    | <input type="checkbox"/> Rhode Island (RI)     | <input type="checkbox"/> Wyoming (WY)        |
| <input type="checkbox"/> Florida (FL)              | <input type="checkbox"/> Marshall Islands (MH) | <input type="checkbox"/> New Mexico (NM)    | <input type="checkbox"/> South Carolina (SC)   |  |

**Part IV Money Services and Product Information (Continued)**

35 Enter the number of US branches of the registrant. **Reminder: do not separately register each branch.** See instructions for an explanation of the term "branch."

\*36 Money services business activities of the registrant in the US. Check as many as apply. See instructions for an explanation of the terms.

- |  |   |  |
|--|---|--|
| a <input type="checkbox"/> Issuer of traveler's checks | d <input type="checkbox"/> Seller of money orders     | g <input type="checkbox"/> Check cashier (Including traveler's and money orders) |
| b <input type="checkbox"/> Seller of traveler's checks | e <input type="checkbox"/> Dealer in foreign exchange | h <input type="checkbox"/> Seller of prepaid access                              |
| c <input type="checkbox"/> Issuer of money orders      | f <input type="checkbox"/> Money transmitter          | i <input type="checkbox"/> Provider of prepaid access                            |

37 If you are providing financial services in addition to those checked in item 36 please briefly describe.

**Prepaid Program Information**      +      -

If item "36i" is checked, provide the following information (items 38 to 43) to identify each prepaid program for which the registrant is the provider of prepaid access.

- 38 Name of prepaid program
- 39 IIN (BIN) of this program
- 40 Name of primary transaction processor
- 41 Name of compliance contact person for this program
- 42 Contact phone number  Ext.
- 43 Is this prepaid program usable internationally?      a  Yes      b  No

44 Is any part of the registrant's US money services business an informal value transfer system?      a  Yes      b  No  
 See the explanation of "money transmitter" and "informal value transfer system" in the instructions.

45 Is any part of the registrant's US money services business conducted as a mobile operation?      a  Yes      b  No

46 Enter the number of US agents authorized to conduct each money services business activity. Do not include US branches, or persons who are solely employees. See instructions for an explanation of the term "agent."

- |   |  |
|---|--|
| a Number of US agents selling traveler's checks sales   | <input style="width: 100px;" type="text"/> |
| b Number of US agents selling money orders  | <input style="width: 100px;" type="text"/> |
| c Number of US agents involved as a dealer in foreign exchange                                | <input style="width: 100px;" type="text"/> |
| d Number of US agents conducting money transmission   | <input style="width: 100px;" type="text"/> |
| e Number of US agents engaged in check cashing (Including traveler's checks and money orders) | <input style="width: 100px;" type="text"/> |
| f Number of US agents selling prepaid access  | <input style="width: 100px;" type="text"/> |

**Part V Primary Transaction Account for MSB Activities**

Note: See instruction for an explanation of the term "transaction account." The registrant's primary transaction account is the account that has the greatest annual dollar amount of money services business activity. In items 47 through 56 enter information about the registrant's primary transaction account for money services business activities.

56 Type of financial institution where the primary transaction account is held

- a  Depository institution      b  Non-depository institution      c  Foreign

47 Name of financial institution where the primary transaction account is held

48 Depository financial institution routing number

49 Primary account number

50 Depository financial institution IBAN (if foreign)

51 Address

52 City

53 State

54 ZIP/Postal Code

55 Country

**Part VI U.S. Location of Supporting documentation/Address of Agent for Service of Process**

If the supporting documentation is kept at the U.S. location reported in Part II check here  and continue to Part VII. **If not**, provide the U.S. location of where the supporting documentation is kept here in Part VI. If the MSB is located outside of the U.S., enter U.S. location of the U.S. agent for service of legal process. Do not enter a non-U.S. address.

57 Address

58 City

59 State

60 ZIP/Postal Code

**Part VII Authorized Signature/Signature of Agent for Service of Process**

I am authorized to file this form on behalf of the money services business listed in Part II. I declare that the information provided is true, correct and complete to the best of my knowledge. I understand that the money services business listed in Part II is subject to the Bank Secrecy Act and its implementing regulations. To the best of my knowledge, the money services business listed in Part II maintains a current list of all agents, an estimate of its business volume in the coming year, and all other information required to comply with 31 U.S.C. 5330 and the regulations thereunder. **The signature of the owner, controlling person, authorized corporate officer, or U.S. agent for service of legal process is mandatory.**

\*61 Signature

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62 Print name

63 Title

64 Date of signature

(Date filed will be auto-populated when the form is signed.)