



COMPLIANCE FORM
FOR ORDERS US\$ 3,000. AND OVER INCLUDING CHARGES
AND COLOMBIA FOR ORDERS US\$ 2,000.00 AND OVER

Agency Name \_\_\_\_\_ Agent # \_\_\_\_\_
Order Number \_\_\_\_\_ Dated \_\_\_\_\_ Amount US\$ \_\_\_\_\_

SENDER'S DATA

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_
Social Security (\*) \_\_\_\_\_ DOB (Fecha de Nacimiento) \_\_\_\_\_

\*Sender's Social Security Number (OBLIGATORY)

Reason for Remittance \_\_\_\_\_

PHOTO IDENTIFICATION TYPE

DRIVER'S LICENSE [ ] IDENTIFICATION NUMBER \_\_\_\_\_
ID FROM MOTOR VEHICLES [ ]
ALLIEN CARD [ ] EXPIRATION DATE (\*) \_\_\_\_/\_\_\_\_/\_\_\_\_
WORK PERMIT [ ] (\*) must not be expired MM DD YY
MILITARY CARD [ ] STATE or COUNTRY OF ISSUED \_\_\_\_\_
PASSAPORT [ ]
OTHER (LOOK AT THE MANUAL) [ ] OTHER IDENTIFICATION TYPE \_\_\_\_\_

JOB INFORMATION - THE JOB INFORMATION WILL BE VERIFIED

Company \_\_\_\_\_
Address \_\_\_\_\_
Phone ( ) \_\_\_\_\_ Occupation \_\_\_\_\_
Person Contacted \_\_\_\_\_

ADDITIONAL INFORMATION FOR TRANSACTIONS OVER US\$ 5,000.00

THE SENDER MUST PROVIDE DOCUMENTS EVIDENCING THE SOURCE OF FUNDS AND COPY OF THE SOCIAL SECURITY CARD.

Complete this form and fax it to 800-308-7593 or 212-268-9245 with all the documentation required. If you have any question please call 877-268-6458 or 212-268-9290 Compliance Department. THE AGENT MUST KEEP RECORD FOR FIVE YEARS FROM THE TRANSACTION DATE. Transaction in HOLD over 48 hours will be rejected. Any delay in providing the requested information will be subject to any changes in the rate of exchange.

Preparer's Name

Sender's Signature

FOR CHOICE MONEY TRANSFER USE ONLY

Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_