

Suspicious Activity Report by Casinos and Card Clubs



OMB No. 1506 - 0006

Previous editions will not be accepted after December 31, 2003

Please type or print. Always complete entire report. Items marked with an asterisk * are considered critical (see instructions).

1 Check the box if this report corrects a prior report (see instructions on page 6)

Part I Subject Information

2 Check box (a) if more than one subject box (b) subject information unavailable

*3 Individual's last name or entity's full name _____ *4 First name _____ *5 Middle initial _____

*6 also known as (AKA- individual), doing business as (DBA- entity) _____ 7 Occupation / type of business _____

*8 Address _____ *9 City _____

*10 State _____ *11 ZIP code _____ *12 Country (if not U.S.) _____ 13 Vehicle license # / state (optional)
a. number _____ b. state _____

*14 SSN / ITIN (individual) or EIN (entity) _____ *15 Account number _____ No account affected Account open ? Yes
No 16 Date of birth _____
MM / DD / YYYY

*17 Government issued identification (if available)
a Driver's license/state ID b Passport c Alien registration
d Other _____
e Number: _____ f Issuing state or country _____

18 Phone number - work () _____ 19 Phone number - home () _____ 20 E-mail address (if available) _____

21 Affiliation or relationship to casino/card club
a Customer b Agent c Junket / tour operator d Employee e Check cashing operator
f Supplier g Concessionaire h Other (Explain in Part VI)

22 Does casino/card club still have a business association and/or an employee/employer relationship with suspect?
a Yes b No If no, why? c Barred d Resigned e Terminated f Other (Specify in Part VI) 23 Date action taken(22)
MM / DD / YYYY

Part II Suspicious Activity Information

*24 Date or date range of suspicious activity From MM / DD / YYYY To MM / DD / YYYY *25 Total dollar amount involved in suspicious activity
\$ _____,_____,_____.00

*26 Type of suspicious activity:
a Bribery/gratuities g Misuse of position m Unusual use of wire transfers
b Check fraud (includes counterfeit) h Money laundering n Unusual use of counter checks or markers
c Credit/debit card fraud (incl. counterfeit) i No apparent business or lawful purpose o False or conflicting ID(s)
d Embezzlement/theft j Structuring p Terrorist financing
e Large currency exchange(s) k Unusual use of negotiable instruments (checks) q Other (Describe in Part VI)
f Minimal gaming with large transactions l Use of multiple credit or deposit accounts

Part III Law Enforcement or Regulatory Contact Information

27 If law enforcement or a regulatory agency has been contacted (excluding submission of a SAR), check the appropriate box.
a DEA e U.S. Customs Service i State law enforcement
b U.S. Attorney (** 28) f U.S. Secret Service j Tribal gaming commission
c IRS g Local law enforcement k Tribal law enforcement
d FBI h State gaming commission l Other (List in item 28)

28 Other authority contacted (for box 27 g through l) ** List U.S. Attorney office here. 29 Name of person contacted (for all of box 27)

30 Telephone number of individual contacted in box 29 () _____ 31 Date Contacted MM / DD / YYYY

Part IV Reporting Casino or Card Club Information**2**

*32 Trade name of casino or card club		*33 Legal name of casino or card club		*34 EIN 				
35 Address								
*36 City				*37 State 	*38 ZIP code -			
39 Type of gaming institution								
a <input type="checkbox"/> State licensed casino b <input type="checkbox"/> Tribal licensed casino c <input type="checkbox"/> Card club d <input type="checkbox"/> Other (specify) _____								

Part V Contact for Assistance

*40 Last name of individual to be contacted regarding this report		*41 First name		*42 Middle initial	
*43 Title/Position		*44 Work phone number () -		*45 Date report prepared _____/_____/_____ MM DD YYYY	

Part VI Suspicious Activity Information - Narrative*

Explanation/description of suspicious activity(ies). This section of the report is critical. The care with which it is completed may determine whether or not the described activity and its possible criminal nature are clearly understood by investigators. Provide a clear, complete and chronological description (not exceeding this page and the next page) of the activity, including what is unusual, irregular, or suspicious about the transaction(s), using the checklist below as a guide as you prepare your account.

- a. **Describe** the conduct that raised suspicion.
- b. **Explain** whether the transaction(s) was completed or only attempted.
- c. **Describe** supporting documentation and retain such documentation for your file for five years.
- d. **Explain** who benefited, financially or otherwise, from the transaction(s), how much and how (if known).
- e. **Describe and retain** any admission or explanation of the transaction(s) provided by the subject(s), witness(s), or other person(s). Indicate to whom and when it was given. Include witness or other person ID.
- f. **Describe and retain** any evidence of cover-up or evidence of an attempt to deceive federal or state examiners, or others.
- g. **Indicate** where the possible violation of law(s) took place (e.g., branch, cage, specific gaming pit, specific gaming area).
- h. **Indicate** whether the suspicious activity is an isolated incident or relates to another transaction.
- i. **Indicate** whether there is any related litigation. If so, specify the name of the litigation and the court where the action is pending.
- j. **Recommend** any further investigation that might assist law enforcement authorities.
- k. **Indicate** whether any information has been excluded from this report; if so, state reasons.
- l. **Indicate** whether any U.S. or foreign currency and/or U.S. or foreign negotiable instrument(s) were involved. If foreign, provide the amount, name of currency, and country of origin.
- m. **Indicate** whether funds or assets were recovered and, if so, enter the dollar value of the recovery in whole dollars only.
- n. **Indicate** any additional account number(s), and any domestic or foreign bank(s) account numbers which may be involved.
- o. **Indicate** for a foreign national any available information on subject's passport(s), visa(s), and/or identification card(s). Include date, country, city of issue, issuing authority, and nationality.
- p. **Describe** any suspicious activities that involve transfer of funds to or from a foreign country, or any exchanges of a foreign currency. Identify the currency, country, sources and destinations of funds.
- q. **Describe** subject(s) position if employed by the casino or card club (e.g., dealer, pit supervisor, cage cashier, host, etc.).
- r. **Indicate** the type of casino or card club filing this report, if this is not clear from Part IV.
- s. **Describe** the subject only if you do not have the identifying information in Part I or if multiple individuals use the same identification. Use descriptors such as male, female, age, etc.
- t. **Indicate** any wire transfer in or out identifier numbers, including the transfer company's name.
- u. **If correcting a prior report, complete the form in its entirety and note the changes here in Part VI.**

Information already provided in earlier parts of this form need not necessarily be repeated if the meaning is clear.

Supporting documentation should not be filed with this report. Maintain the information for your files.

Tips on SAR Form preparation and filing are available in the SAR Activity Review at www.fincen.gov/pub_reports.html

Enter explanation/description in the space below. Continue on the next page if necessary.

Paperwork Reduction Act Notice: The purpose of this form is to provide an effective means for financial institutions to notify appropriate law enforcement agencies of suspicious transactions that occur by, through, or at the financial institutions. This report is required by law, pursuant to authority contained in 31 U.S.C. 5318(g). Information collected on this report is confidential (31 U.S.C. 5318(g)). Federal securities regulatory agencies and the U.S. Departments of Justice and Treasury, and other authorized authorities may use and share this information. Public reporting and record keeping burden for this form is estimated to average 45 minutes per response, and includes time to gather and maintain information for the required report, review the instructions, and complete the information collection. Send comments regarding this burden estimate, including suggestions for reducing the burden, to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503 and to the Financial Crimes Enforcement Network, Attn.: Paperwork Reduction Act, P.O. Box 39, Vienna VA 22183-0039. The agency may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number.