



High Value Card Transactions AML Compliance Required

If the Card transaction is equal or greater than \$1,000 for an individual or \$3,000 for a corporate order (any tender type) anti-money laundering legislation requires completion of the following form. This information will remain strictly confidential. Note the required fields. If individual cards exceed the single card maximum load amount of \$500, please submit a Card Max Exception Form including the following for each card: card number, load amount and recipient name.

*Required Fields (Completed by Customer Service Representative)

*Purchaser Information

(Anti-money laundering legislation requires Identification verification on high value card transactions. Individual or Company Representative personal information should be entered below.)

*Last Name _____ *First Name _____

*Address _____ *City _____

*Province _____ *Postal Code _____ Phone _____ D.O.B. ____/____/____

*Government Picture ID Used to Verify Identity _____ *Number _____

*Expiry Date of ID ____/____/____ *Place of Issuance _____

Acceptable Health Cards Are: BC Services Card or Quebec Health Card (only if offered as ID)

*Company Information

*Company Name _____

Principal Occupation / Principal Business _____

*DBA or Trading Name (if applicable) _____

Corporation Number _____

*Business Number (BN) / Tax ID registration number (as applicable) _____

*Place of incorporation / registration _____

*Address _____ *City _____

*Province _____ *Postal Code _____ *Phone _____

***Use of Cards**

Gift Promotion Nonprofit/Fundraiser Customer Incentive Other _____

***Transaction Information**

† Fields may be left blank for initial submission if transaction requires EML or sponsor bank approval.

*Card Program Name _____ † Transaction Date ____/____/____

† CardSpot® Transaction Number _____ *Total Transaction Value _____

*Number of Cards _____ *Tender Type _____
(Check, credit or debit)

*Card Program Representative Name _____

If purchaser is not present (Non-Face to Face)

Send form to Individual or Company Representative for signature prior to submission to EML Payments.

I authorize and consent that EML Payments may use the above information for the purpose of non-face to face identification verification with a Credit Bureau. Please note, this is used with an ID verification tool only, no credit check is performed.

*Purchaser Signature _____ *Date ____/____/____

Fax this form to EML 866-283-1259 or Email to support@emlpayments.com

EML Use Only ID Verification

ID Product Used _____ Entity offering ID Product Used _____

Reference Number _____ Date the ID check was completed ____/____/____