



# High Value Card Transactions AML Compliance Required

If the Card transaction/order is greater than 10,000 (in your local currency) anti-money laundering legislation requires completion of the following form. This information will remain strictly confidential. The order will require review and approval by EML prior to the transaction concluding. EML will have the response back within 2 business days.

## \*Required Fields (Completed by Customer Service Representative)

### \*Purchaser Information

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

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_

\*Zip Code \_\_\_\_\_ \*County/  
Country \_\_\_\_\_ \*Phone \_\_\_\_\_ \*D.O.B. \_\_\_\_\_

\*Government Picture ID Used to Verify Identity \_\_\_\_\_ \*Number \_\_\_\_\_

\*Expiry Date of ID \_\_\_\_\_ \*Place of Issuance \_\_\_\_\_

### \*Company Information

\*Company Name \_\_\_\_\_

Principal Occupation / Principal Business \_\_\_\_\_

\*DBA or Trading Name (if applicable) \_\_\_\_\_

\*Company Number \_\_\_\_\_ \*Country of Organization \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_

\*County/  
Country \_\_\_\_\_ \*Zip Code \_\_\_\_\_ \*Phone \_\_\_\_\_

### \*Use of Cards

Gift  Promotion  Customer Incentive  Employee Incentive  Other \_\_\_\_\_

**\*Transaction Information**

*Card Program Name	_____	† Transaction Date	_____
† CardSpot® Transaction Number	_____	*Total Transaction Value	_____
*Number of Cards	_____	*Tender Type	_____
			<i>[Check, credit or debit]</i>
*Card Program Representative Name	_____		

*Please submit this form via the following link: [HVT Form Submission](#)*