UNITED STATES DEPARTMENT OF THE TREASURY OFFICE OF FOREIGN ASSETS CONTROL REPORT OF REJECTED TRANSACTIONS

INSTITUTION INFORMATION						
INSTITUTION			TYPE OF INSTITUTION		ADDRESS	
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CITY	STATE		CONTACT PERSON		TELEPHONE NUMBER	
POSTAL CODE	COUNTRY		E-MAIL ADDRESS		FAX NUMBER	
TRANSACTION INFORMATION						
AMOUNT REJECTED DATE OF		RANSACTION DATE OF REJECT		ION	PROGRAM OR REASON FOR REJECTING FUNDS	
ORIGINATOR NAME & ADDRESS				ORIGINATING FINANCIAL INSTITUTION NAME & ADDRESS		
INTERMEDIARY FINANCIAL INSTITUTION(S) NAME & ADDRESS				BENEFICIARY FINANCIAL INSTITUTION NAME & ADDRESS		
BENEFICIARY NAME & ADDRESS				ADDITIONAL RELEVANT INFORMATION (USE PAGE 2 IF MORE SPACE IS NEEDED)		
ADDITIONAL DATA FOUND IN ORIGINATOR TO BENEFICIARY INFORMATION OR BANK TO BANK INFORMATION						
PLEASE ATTACH A COPY OF PAYMENT INSTRUCTIONS AS PAGE 3 OF THIS FORM						
PREPARER INFORMATION						
SIGNATURE NAME OF SIGNER			F SIGNER	TITLE OF SIGNER		DATE PREPARED

