



# Received Cash Payments Form

Freezone company: \_\_\_\_\_

## Part I: Identity of individual from whom the cash was received

	Individual 1	Individual 2
1. Last name:		
2. First name:		
3. Address:		
4. Date of birth (m/d/y):		
5. Occupation, profession or business:		
6. Document used to verify identity:		
6.1 Issued by:		
6.2 Number:		
6.3 Date:		
6.4 Copy on file:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

*If more than two individuals are involved, please complete the information on additional forms for the other individuals.*

## Part II: Person/Business on whose behalf this transaction was conducted

7. Individual's full name or name of business:	
8. Address:	

## Part III: Description of transaction and method of payment

9. Date cash received (m/d/y):	
10. Multiple payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Total cash received (in U.S. dollar equivalent):	\$
12. If not U.S. dollars, please state the currency:	

I declare that to the best of my knowledge the information I have furnished above is true, correct and complete.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of authorized employee

