DECLARATION STATEMENT
APPENDIX

Financial Institution to be Contacted Regarding This Project:

Name of Financial Institution: _____

Address: _____

_____

Official to be Contacted: _____

Phone: (____) _____

Address of location (s) where magnetic Currency Transaction Reports will be prepared:
(if more than one location, list all locations)

Address of offices and branches that will not participate in the Project and will continue to submit paper Forms 4789 during the Project: