

**BSA Electronic Filing
Requirements For**

***Suspicious Activity Reports
by Depository Institutions (SAR-DI)
(Form TD F 90-22.47)***



Release Date July 2008

DEPARTMENT OF THE TREASURY

These Specifications for Electronic Filing of Suspicious Activity Reports by Depository Institutions (SAR-DI) (Form TD F 90-22.47) were developed under the sponsorship of the following:

Financial Crimes Enforcement Network

Internal Revenue Service

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Revision History

Version Number	Date	Reason for Change
1.1	3/31/08	State, Country and ZIP Code reference central lists on FinCEN.gov.
1.2	7/19/08	Replaces references to magnetic media with references to electronic filing using the BSA E-Filing System. General information has been moved from this document to the General Specifications For Electronic Filing Of Bank Secrecy Act (BSA) Reports (General Specifications). Only specific information regarding this form has been retained in this document.

Purpose

The purpose of this specification is to provide the requirements and conditions for electronically filing the Suspicious Activity Report for Depository Institutions (SAR-DI), Form TD F 90-22.47. For the purpose of these specifications, electronic filing of this report will be through the BSA E-Filing system operated by the Financial Crimes Enforcement Network (FinCEN). For more information on the BSA E-Filing System and to register, please go to <http://bsae filing.fincen.treas.gov>. This document should be used in conjunction with the 'General Specifications for Electronic Filing of Bank Secrecy Act (BSA) Reports' (General Specifications) available at http://www.fincen.gov/forms/files/General_BSA_Reports_E-Filing_Specs.pdf. It is recommended that you refer to the General Specifications first, and then the specific information contained in this document.

Electronic Filing

The BSA E-Filing System Batch File Testing Procedures are detailed in a separate document that can be accessed on the BSA E-Filing System web site at <http://bsae filing.fincen.treas.gov> under Quick Links.

For purposes of these specifications, the filer is the organization responsible for filing the SAR-DI and the Transmitter is the organization responsible for preparing the electronic files. The filer and transmitter may be the same or different organizations.

Filers are required to retain a copy of the SAR-DI data and all original supporting documentation or business record equivalent for five years from the date of the suspicious activity report. All supporting documentation must be made available to appropriate authorities upon request.

File Organization

The following data controls must be followed or the SAR-DI electronic file will be rejected. The data records must be in the following sequence:

Transmitter (1A)

There can only be one of this record type, and it must be the first record on the file.

Financial Institution (2A)

There can be more than one of this record type depending on the number of different Financial Institutions which are included on the file. This record type will immediately precede all records which relate to the Financial Institution.

Suspicious Activity (3A)

There can be more than one of this record type on the file depending on the number of suspicious activities being reported for Financial Institution.

Suspect Information (4A)

There can be more than one of this record type depending on the number of persons involved in this suspicious activity.

Narrative Description (6A)

There can be more than one of this record type depending on the length of the explanation given for the suspicious activity.

Branch Summary (9A)

There should be one of these records on the file for each Financial Institution branch that is being reported.

Financial Institution Summary (9B)

There must be one of this record type for each Financial Institution reporting. It must be the last record associated with the institution.

File Summary (9Z)

There must be one of these records on the file and it must be the last record on the file.

Record Layouts

Transmitter (1A) Record - Required

The first record on each file is to be the transmitter record, which will contain information identifying the transmitter (person or organization handling the data accumulation and formatting). There will be only one Transmitter Record on each electronic file. All data elements for this record are required.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter `1A`.
3-37	Transmitter Name	35	REQUIRED. Enter the name of the individual or organization that is transmitting the transactions on this file.
38-67	Transmitter Address	30	REQUIRED. Enter the street address of the transmitter.
68-92	Transmitter City	25	REQUIRED. Enter the city of the transmitter.
93-94	Transmitter State	2	REQUIRED. Enter the transmitter state code. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .
95-103	Transmitter Zip Code	9	REQUIRED. Enter the transmitter zip code.
104-106	Transmitter Area Code	3	REQUIRED. Enter the transmitter area code.
107-113	Transmitter Telephone	7	REQUIRED. Enter the telephone number.
114-148	Transmitter Contact	35	REQUIRED. Enter the name of an official contact for the transmitter.
149-157	Transmitter Employer Identification Number (EIN)	9	REQUIRED. This must be the valid nine-digit number assigned to the transmitter by IRS. Do not enter hyphens, slashes, alpha characters, or invalid entries such as all nines or all zeroes.

Field Position	Field Name	Length	Description and Remarks
158-165	Coverage Beginning Date	8	REQUIRED. This will be the date of the earliest original transaction on the file. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).
166-173	Coverage Ending Date	8	REQUIRED. This will be the date of the latest original transaction on the file. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).
174-181	Transmitter Control Code (TCC)	8	REQUIRED. Enter your assigned 8-character TCC.
182-409	Filler	228	Space Filled.
410	New Format Indicator	1	REQUIRED. Enter '4'.
411-420	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill.

Parent Financial Institution (2A) Record - Required

This record identifies information regarding the Parent Financial Institution. The number of Financial Institution records will depend on the number of different Financial Institutions that are included on the file. The 2A Record item numbers refer to the SAR-DI Form Part I.

Field Position	Field Name	Length	Description and Remarks												
1-2	Record Type	2	REQUIRED. Enter '2A'.												
3-37	Financial Institution Name (Item 2)	35	REQUIRED. Enter the Financial Institution's full legal name.												
38-67	Institution Address (Item 4)	30	REQUIRED. Enter the address of the Institution. Do not abbreviate.												
68-92	Institution City (Item 6)	25	REQUIRED. Enter the city where the Institution is located.												
93-94	Institution State (Item 7)	2	REQUIRED. Enter the two (2) character state code. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf												
95-103	Institution Zip Code (Item 8)	9	REQUIRED. Enter the zip code for the Institution.												
104	Primary Federal Regulator (Item 8)	1	REQUIRED. Enter the Primary Federal Regulator as follows: <table style="margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th style="text-decoration: underline;">Code</th> <th style="text-decoration: underline;">Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Federal Reserve</td> </tr> <tr> <td>B</td> <td>FDIC</td> </tr> <tr> <td>C</td> <td>NCUA</td> </tr> <tr> <td>D</td> <td>OCC</td> </tr> <tr> <td>E</td> <td>OTS</td> </tr> </tbody> </table>	Code	Description	A	Federal Reserve	B	FDIC	C	NCUA	D	OCC	E	OTS
Code	Description														
A	Federal Reserve														
B	FDIC														
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105-113	Institution EIN (Item 3)	9	REQUIRED. Enter the EIN of the Parent Financial Institution. Do not enter hyphens, slashes, alpha characters, or invalid entries such as all nines or all zeroes.												

114-410	Filler	297	Space Filled.
411-420	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill.

Financial Institution Branch (2B) Record - Required

This record identifies information regarding the Financial Institution Branch where the activity occurred. The number of Financial Institution Branch records will depend on the number of branches the Financial Institution is reporting on the electronic file. The 2B Record item numbers refer to the SAR-DI Form Part I and Part III.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '2B'.
3-9	Branch Code	7	REQUIRED. Enter branch number for the submitting Branch. Right justify and zero fill.
10-39	Branch Office Address	30	REQUIRED. Enter the branch office address.
40-64	Branch Office City	25	REQUIRED. Enter the branch office city.
65-66	Branch Office State	2	REQUIRED. Enter the two (2) character state code. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .
67-75	Branch Office Zip Code	9	REQUIRED. Enter the zip code for the branch office (US only).
76-77	Branch Office Country Code	2	Select the appropriate country code (if not the US). Use the valid abbreviation from http://www.fincen.gov/country_and_state_codes.pdf .
78-85	Institution Closed Date (Item 13)	8	REQUIRED. Date Institution closed (if closed). Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).
86-120	Contact Name (Item 45, 46, 47)	35	Name of the contact person.
121-160	Contact Title (Item 48)	40	Title of the contact person.
161-163	Contact Area Code (Item 49)	3	Area code of contact person.

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164-170	Contact Phone Number (Item 50)	7	Phone number of contact person.
171-205	Contact Institution/Agency (Item 51)	35	Name of the Agency (if not filed by Financial institution).
206-410	Filler	205	Space Filled.
411-420	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill.

Suspicious Activity (3A) Record - Required

This record identifies and describes the suspicious activity. It occurs one time per suspicious activity. The 3A Record item numbers refer to the SAR-DI Form Part I, Part II, Part III, and Part IV.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '3A'.
3-9	Branch Code	7	REQUIRED. Enter the Branch Number for the submitting Branch. Right justify and zero fill.
10-14	Transaction Sequence Number	5	REQUIRED. Enter a sequential number starting with 00001 and increment by 1 for each suspicious transaction (3A) record.
15-36	Account Number 1 (Item 14a)	22	Account Number affected, if any.
37	Account Closed Indicator (Item 14a)	1	Enter: A - Yes B - No
38-59	Account Number 2 (Item 14b)	22	Additional account number affected.
60	Account2 Closed Indicator (Item 14b)	1	Enter: A - Yes B - No
61-82	Account Number 3 (Item 14c)	22	Additional account number affected.
83	Account3 Closed Indicator (Item 14c)	1	Enter: A - Yes B - No
84-105	Account Number 4 (Item 14d)	22	Additional account number affected.
106	Account4 Closed Indicator (Item 14d)	1	Enter: A - Yes B - No

Field Position	Field Name	Length	Description and Remarks																				
107-115	Law Enforcement Agencies Advised (Item 40)	9	Enter the appropriate codes from the list below of the Law Enforcement Agencies that have already been advised (maximum of 9). <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="padding-right: 10px;"><u>Code</u></td> <td><u>Description</u></td> </tr> <tr> <td>A</td> <td>DEA</td> </tr> <tr> <td>B</td> <td>FBI</td> </tr> <tr> <td>C</td> <td>IRS</td> </tr> <tr> <td>D</td> <td>Postal Inspection</td> </tr> <tr> <td>E</td> <td>Secret Service</td> </tr> <tr> <td>F</td> <td>US CUSTOMS</td> </tr> <tr> <td>G</td> <td>Other Federal</td> </tr> <tr> <td>H</td> <td>State</td> </tr> <tr> <td>I</td> <td>Local</td> </tr> </table>	<u>Code</u>	<u>Description</u>	A	DEA	B	FBI	C	IRS	D	Postal Inspection	E	Secret Service	F	US CUSTOMS	G	Other Federal	H	State	I	Local
<u>Code</u>	<u>Description</u>																						
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116-150	Law Enforcement Agency Name (Item 40j)	35	Enter the name of the Law Enforcement Agency already contacted (for 'G', 'H', or 'I' Enforcement Agency Codes).																				
151-185	Law Enforcement Contact Person 1 (Item 41)	35	Enter the name of person 1 contacted at Law Enforcement Agency.																				
186-188	Law Enforcement Agency Phone Number Area Code (Item 42)	3	Enter the area code of the Law Enforcement Agency contact person 1.																				
189-195	Law Enforcement Agency Phone Number (Item 42)	7	Enter the phone number of the Law Enforcement Agency contact person 1.																				
196-230	Law Enforcement Agency Contact Person 2 (Item 43)	35	Enter the name of person 2 contacted at Law Enforcement Agency.																				
231-233	Law Enforcement Agency Phone Number Area Code (Item 44)	3	Enter the area code of the Law Enforcement Agency contact person 2.																				
234-240	Law Enforcement Agency Phone Number (Item 44)	7	Enter the phone number of the Law Enforcement Agency contact person 2.																				
241-248	From Violation Date (Item 33)	8	REQUIRED. Enter the violation date or beginning violation date (if including a range of violation dates). Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).																				

Field Position	Field Name	Length	Description and Remarks																																												
249-256	To Violation Date (Item 33)	8	Enter the ending date of violation (if including a range of violation dates) or leave blank. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).																																												
257-266	Violation Amount (Item 34)	10	Enter the dollar amount involved in known or suspected violation.																																												
267-276	Violation Type (Item 35)	10	A maximum of 10 violation types as follows: <table border="0"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr><td>A</td><td>BSA</td></tr> <tr><td>B</td><td>Bribery/Gratuity</td></tr> <tr><td>C</td><td>Check Fraud</td></tr> <tr><td>D</td><td>Check Kiting</td></tr> <tr><td>E</td><td>Commercial Loan Fraud</td></tr> <tr><td>F</td><td>Computer Intrusion</td></tr> <tr><td>G</td><td>Consumer Loan Fraud</td></tr> <tr><td>H</td><td>Counterfeit Check</td></tr> <tr><td>I</td><td>Counterfeit Credit/Debit Card</td></tr> <tr><td>J</td><td>Counterfeit Instrument</td></tr> <tr><td>K</td><td>Credit Card Fraud</td></tr> <tr><td>L</td><td>Debit Card Fraud</td></tr> <tr><td>M</td><td>Defalcation/Embezzlement</td></tr> <tr><td>N</td><td>False Statement</td></tr> <tr><td>O</td><td>Misuse of Position or Self-Dealing</td></tr> <tr><td>P</td><td>Mortgage Loan Fraud</td></tr> <tr><td>Q</td><td>Mysterious Disappearance</td></tr> <tr><td>R</td><td>Wire Transfer Fraud</td></tr> <tr><td>S</td><td>Other</td></tr> <tr><td>T</td><td>Terrorist Financing</td></tr> <tr><td>U</td><td>Identity Theft</td></tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	A	BSA	B	Bribery/Gratuity	C	Check Fraud	D	Check Kiting	E	Commercial Loan Fraud	F	Computer Intrusion	G	Consumer Loan Fraud	H	Counterfeit Check	I	Counterfeit Credit/Debit Card	J	Counterfeit Instrument	K	Credit Card Fraud	L	Debit Card Fraud	M	Defalcation/Embezzlement	N	False Statement	O	Misuse of Position or Self-Dealing	P	Mortgage Loan Fraud	Q	Mysterious Disappearance	R	Wire Transfer Fraud	S	Other	T	Terrorist Financing	U	Identity Theft
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277-316	Violation Type Other (Item 35s)	40	If other Violation Type indicated, describe the violation.																																												
317-326	Amount of Loss (Item 36)	10	Dollar Amount of Loss prior to recovery (if applicable).																																												
327-336	Amount of Recovery (Item 37)	10	Dollar Amount of Recovery (if applicable).																																												
337	Material Impact Indicator (Item 38)	1	Has the suspected violation had a material impact on or otherwise affected the soundness of the institution: A - Yes B - No																																												

Field Position	Field Name	Length	Description and Remarks
338	Bonding Company Notified (Item 39)	1	Has the institution's bonding company been notified: A - Yes B - No
339-346	Prepared Date (Item 50)	8	Date Report Prepared. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).
347-348	Number of Suspects	2	REQUIRED. Number of Suspect Records. Must be equal to the number of Suspect (4A) Records.
349-350	Number of Explanation/Description Records	2	REQUIRED. Number of Explanation/Description Records. Must be equal to the number of Explanation/Description (6A) Records.
351	Multiple Branch Code	1	If the suspicious activity took place at multiple branches, enter 'X'. Include the specific branch information in the narrative Part V.
352	Corrects Prior Report Indicator (Item 1)	1	REQUIRED. Enter 'X' if corrects prior report.
353	Suspect Information Unavailable (Part II checkbox)	1	Enter 'X' if all the suspect information is unavailable. If this is the case, there will be no 4A record.
354-410	Filler	57	Space Filled.
411-420	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill.

Suspect Information (4A) Record - Required

This record contains information related to the Suspect's identity. There can be more than one of these records if there are multiple Suspects for the same suspicious activity. The 4A Record item numbers refer to the SAR-DI Form Part II.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '4A'.
3-9	Branch Code	7	REQUIRED. Enter the branch number for the submitting branch.
10-14	Transaction Sequence Number	5	REQUIRED. Enter the transaction sequence number from the associated 3A Record.
15-49	Suspect's Name (Item 15, 16, 17)	35	Enter the name of the Suspect in the format last name/first name/middle initial. Left justified and space filled. Follow the Name Editing Instructions shown in the attachment.
50-79	Suspect's Address (Item 18)	30	Enter the street address of the suspect. Left justified and space filled.
80-104	Suspect's City (Item 20)	25	Enter the suspect's city. Left justified and space filled.
105-106	Suspect's State (Item 21)	2	Enter the appropriate state code for the suspect. Use the valid abbreviation from http://www.fincen.gov/country_and_state_codes.pdf .
107-115	Suspect's Zip Code (Item 22)	9	Enter the zip code for the suspect.
116-117	Suspect's Country (Item 23)	2	Enter the appropriate country code. Use the valid abbreviation from http://www.fincen.gov/country_and_state_codes.pdf .
118-126	Suspect's TIN (Item 19)	9	Enter the SSN/TIN of suspect.
127-134	Suspect's Date of Birth (Item 27)	8	Enter suspect's date of birth. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).
135-137	Suspect's Area Code (Item 24)	3	Enter suspect's residence area code.

Field Position	Field Name	Length	Description and Remarks										
138-144	Suspect's Phone Number (Item 24)	7	Enter suspect's residence telephone number.										
145-147	Suspect's Work Area Code (Item 25)	3	Enter suspect's work area code.										
148-154	Suspect's Work Phone Number (Item 25)	7	Enter suspect's work telephone number.										
155-184	Suspect's Occupation (Item 26)	30	Enter the occupation, profession, or business of the suspect (e.g., attorney, securities broker, auto dealer).										
185	Suspect's Identification (Item 29)	1	Enter the appropriate code for the method by which the individual's identity was verified. <table style="margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Code</u></th> <th style="text-align: left;"><u>Description</u></th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Driver's License/State ID</td> </tr> <tr> <td>B</td> <td>Passport</td> </tr> <tr> <td>C</td> <td>Alien Registration</td> </tr> <tr> <td>D</td> <td>Other Identification</td> </tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	A	Driver's License/State ID	B	Passport	C	Alien Registration	D	Other Identification
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186-225	Suspect's ID Other Description (Item 29d)	40	If 'D' - Other enter the description of Identification.										
226-247	Suspect's Identification Number (Item 29)	22	Enter the number used for identification.										
248-249	Suspect Issuing Authority (Item 29)	2	Enter the appropriate code to designate the state/country where the identification was issued. Use the valid abbreviation from http://www.fincen.gov/country_and_state_codes.pdf .										

Field Position	Field Name	Length	Description and Remarks																										
250-253	Suspect's Relationship (Item 30)	4	<p>Enter the appropriate code(s) from the list below of the suspect's relationship to the Financial Institution. Include only the first four (4) applicable items. Left justify and space fill if less than four (4) items.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Code</th> <th style="text-align: left; border-bottom: 1px solid black;">Description</th> </tr> </thead> <tbody> <tr><td>A</td><td>Accountant</td></tr> <tr><td>B</td><td>Agent</td></tr> <tr><td>C</td><td>Appraiser</td></tr> <tr><td>D</td><td>Attorney</td></tr> <tr><td>E</td><td>Borrower</td></tr> <tr><td>F</td><td>Broker</td></tr> <tr><td>G</td><td>Customer</td></tr> <tr><td>H</td><td>Director</td></tr> <tr><td>I</td><td>Employee</td></tr> <tr><td>J</td><td>Officer</td></tr> <tr><td>K</td><td>Shareholder</td></tr> <tr><td>L</td><td>Other</td></tr> </tbody> </table>	Code	Description	A	Accountant	B	Agent	C	Appraiser	D	Attorney	E	Borrower	F	Broker	G	Customer	H	Director	I	Employee	J	Officer	K	Shareholder	L	Other
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I	Employee																												
J	Officer																												
K	Shareholder																												
L	Other																												
254-293	Suspect's Relationship Other (Item 30I)	40	If 'L - Other' indicated above, enter the description of relationship to Financial Institution.																										
294	Suspect's Affiliation (Item 31)	1	<p>Suspect's Relationship is an insider relationship. Enter the appropriate code from the list below:</p> <p>A - Yes B - No</p>																										
295	Suspect's Relationship (Item 31)	1	<p>If Suspect Relationship is an insider, enter the appropriate code from the list below:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Code</th> <th style="text-align: left; border-bottom: 1px solid black;">Description</th> </tr> </thead> <tbody> <tr><td>C</td><td>Still Employed at Financial Institution</td></tr> <tr><td>D</td><td>Suspended</td></tr> <tr><td>E</td><td>Terminated</td></tr> <tr><td>F</td><td>Resigned</td></tr> </tbody> </table>	Code	Description	C	Still Employed at Financial Institution	D	Suspended	E	Terminated	F	Resigned																
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D	Suspended																												
E	Terminated																												
F	Resigned																												
296-303	Suspect Termination Date (Item 32)	8	If 'D, E, or F' is entered in position 295, enter the date action taken. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).																										
304	Suspect Admission/Confession Indicator (Item 28)	1	<p>Enter the appropriate code:</p> <p>A - Yes B - No</p>																										
305-410	Filler	106	Space Filled.																										

Field Position	Field Name	Length	Description and Remarks
411- 420	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill.

Information Explanation/Description (6A) Record - Required

This record contains a detailed Explanation/Description of known or suspected violation of law. This record may occur multiple times. The 6A Record item number refers to the SAR-DI Form Part V.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '6A'.
3-9	Branch Code	7	REQUIRED. Enter the branch number for the submitting branch.
10-14	Transaction Sequence	5	REQUIRED. Enter the transaction sequence number from the associated 3A Record.
15-410	Explanation/Description (Part V)	396	Enter a detailed Explanation/Description of the Suspicious Activity. Upper case characters only. Do not use low values or special characters.
411-420	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill.

Branch Summary (9A) Record - Required

This record is required. There should be one of these records on the file for each Financial Institution branch that is being reported. This record contains counts of the number of each type of record associated with the branch.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter `9A'.
3-9	Branch Code	7	REQUIRED. Enter the branch number for the submitting branch. Right justify and zero fill.
10-16	Suspicious Activity Count	7	REQUIRED. Enter a count of the number of Suspicious Activity (3A) Records for the branch.
17- 23	Suspect Record Count	7	REQUIRED. Enter the number of Suspect (4A) records for the branch.
24-30	Explanation/Description	7	REQUIRED. Enter the number of Explanation /Description (6A) records for the branch.
31-410	Filler	380	Space Filled.
411-420	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill.

Parent Financial Institution Summary (9B) Record - Required

There should only be one of these records on the file for each Financial Institution that is being reported. This record is to follow the last reported Financial Institution (Branch) Summary(9A) Record for the Financial Institution. This record contains counts of the number of each type record associated with the Financial Institution.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter `9B'.
3-9	Branch Record Count	7	REQUIRED. Enter count of Branch Records for the Financial Institution.
10-16	SAR count	7	REQUIRED. Enter count of SARs for the Financial Institution.
17-23	Suspect Record Count	7	REQUIRED. Enter count of Suspect Records for the Financial Institution.
24-30	Explanation/Description Count	7	REQUIRED. Enter count of Explanation/Description Records for the Financial Institution.
31-410	Filler	380	Space Filled.
411-420	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill.

File Summary (9Z) Record - Required

There should only be one of these records on the file and it must be the very last record on the file. This record contains counts of the number of the various record types which are on the file. These records should contain the following data elements:

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter `9Z'.
3-9	Parent Financial Institution Record Count	7	REQUIRED. Enter count of Parent Financial Institution Records.
10-16	Branch Transaction Records	7	REQUIRED. Enter count of Branch Financial Institution Records.
17-23	SAR Count	7	REQUIRED. Enter count of SARs.
24-30	Suspect Record Count	7	REQUIRED. Enter count of Suspect Records.
31-37	Explanation/Description Counts	7	REQUIRED. Enter count of Explanation/Description Records.
38-410	Filler	373	Space Filled.
411-420	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill.

Attachment A – Definitions

Below are the definitions for terms specific to this document. General definitions are contained in the General Specifications document.

Term	Description
SAR-DI	A Suspicious Activity Report by Depository Institution (Form TD F 90-22.47).
Suspect	For SAR-DI purposes, a suspect is a person with questionable/suspicious activities.

Attachment B - Name Editing

Instructions

- A. Delete any titles, prefixes, suffixes or other descriptive information such as Mr., Mrs., Dr., Reverend, Partner, or Trustee. Do not delete suffixes that distinguish family members such as Jr., Sr., III or IV. Suffixes should be edited to follow the middle initial (e.g. Doe/John/L Jr).
- B. Delete all punctuation (e.g., 'JR.' would be submitted as 'JR').
- C. Do not use the following words in fields:
- a. THE
 - b. SEE ABOVE
 - c. SAME AS ABOVE
 - d. SAME
 - e. COMPUTER GENERATED
 - f. SIGNATURE CARD
 - g. NONE
 - h. NON CUSTOMER
 - i. CUSTOMER
 - j. T/A
 - k. VARIOUS
 - l. OTHER
 - m. N/A
 - n. UNKNOWN
- D. Spanish surnames. Care must be taken in formatting Spanish surnames as the names are usually written in the order of first name, father's last name, and then mother's last name, e.g., Juan Vega Santiago. The father's last name, Vega would be used as the last name; however, both last names should be retained. Example: Vega/Santiago/Juan.
- E. Place a slash ('/') before each name (including suffixes) except the first surname (e.g., White/Elizabeth/A) but not between compound names such as 'Van Gogh'.

- F. If only the surname of an individual is present, then place a slash after it (e.g., Jones/).
- G. If a non-individual is listed, do not enter slashes between names. Delete the word, 'The' whenever it appears.
- H. If an organization has a separate 'doing business as' (DBA) name, enter the organization's legal and business names (e.g., 'Smith Enterprises, Inc., DBA Smith Casino Tours').