

DEPARTMENT OF FINANCIAL INSTITUTIONS
45 FREMONT STREET, SUITE 1700
SAN FRANCISCO, CA 94105-2219
(415) 263-8511



COMPLAINT REGARDING UNLICENSED TRANSMITTER OF MONEY ABROAD

Information Regarding Unlicensed Transmitter of Money Abroad

Name and Office Address

Telephone _____
Contact Person _____

Your Personal Information

Your Name and Address

Your Email Address _____
Your Telephone _____
Your Fax number _____
Your Employer _____

How and when did you become aware of this transmitter of money abroad? Describe everything you personally observed about the conduct of its money transmission business. Submit copies of the following documents with this form: receipts, advertisements, photographs of transmitter of money abroad's offices and brochures that show the person or company complained of is engaged in the business of transmitting money abroad.

Are you willing to appear in court to testify to the foregoing? Yes ___ _ No ___ _

Your Signature _____ Date _____

Please complete and mail this form and related documents to the address below.

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Fax #: (415) 397-4623