

From: [Bo Youngblood](#)
To: [Comments_Regulation](#)
Cc: [Rebecca Robertson](#)
Subject: Attention: PRA Comments-MSB Registration-Form 107
Date: Thursday, October 06, 2011 11:21:44 AM
Attachments: [image001.wmz](#)
[oledata.mso](#)
[image006.png](#)

To Whom It May Concern:

This email is in reference to the recent draft of revisions to FinCEN Report 107 – Registration of Money Services Business.

At the request of FinCEN, I'd like to make a comment/recommendation to the proposed changes to Part II (Registrant Information). Item #3 and #4 are currently listed as "Legal Name of the Money Services Business" and "Doing Business As"; however, it's being proposed that those items be revised to read "Individual's Last Name, or Entity's Legal Name" and "Alternate Name, e.g. AKA - Individual or DBA - Entity". That information also reads the same way in Part III (Owner or Controlling Person). Aside from the other modifications to Form 107 (which are thought to be essential changes), it is recommended that Part II, Item #3 and #4 remain how they are in the current form. I believe this will minimize confusion when completing the form, as well as ensure that information provided by the MSB on future renewals will be consistent. Should the requested information in these fields change, it could also have a significant impact on the data entered into the list of registered MSB's that is maintained by FinCEN.

Thank you for your time and consideration on this issue.

FinCEN Report 107 BSA E-File Only		Bank Secrecy Act Registration of Money Services Business		 OMB No.1506-0013	
Part I Filing Information					
1 Indicate the type of filing by checking a, b, or d below (Check only one). If filing a correction, check "c" and either a, b, or d.					
a <input type="checkbox"/> Initial registration b <input type="checkbox"/> Renewal c <input type="checkbox"/> Correct/amend a prior report d <input type="checkbox"/> Re-registration					
e Enter RMSB registration number if 1b, 1c, or 1d is checked _____					
2 If you checked item 1d please indicate the reason(s). Check all that apply.					
a <input type="checkbox"/> Re-registered under state law b <input type="checkbox"/> More than 10 percent transfer of equity interest c <input type="checkbox"/> More than 50 percent increase in agents					
Part II Registrant Information					
*3 Individual's last name, or entity's legal name		a <input type="checkbox"/> If entity		*4 First name	5 Middle initial
6 Alternate name, e.g., AKA - individual or DBA - entity		*7 Address		*8 City	*9 State
*10 ZIP/Postal Code	*11 Country code	*12 TIN	*13 TIN type	a <input type="checkbox"/> SSN/TIN	b <input type="checkbox"/> EIN
			c <input type="checkbox"/> Foreign	14 Date of birth	MM / DD / YYYY
15 Telephone number		15 a Ext.		16 E-mail address (if available)	
17 Website address (URL) (if available)					
18 Name of compliance contact person for this registered MSB		19 Compliance telephone number (if different than item 15)		19 a Ext.	
Part III Owner or Controlling Person					
20 Individual's last name, or entity's legal name		a <input type="checkbox"/> Entity		21 First name	22 Middle initial
23 Address		24 City		25 State	26 ZIP/Postal Code
28 TIN	29 TIN type	a <input type="checkbox"/> SSN/TIN	b <input type="checkbox"/> EIN	c <input type="checkbox"/> Foreign	30 Date of birth
					MM / DD / YYYY
32 Website address (URL) (if available)		33 Telephone number		33 a Ext.	
Part IV Money Services and Product Information					
34 U.S. States and/or territories where the registrant, its agents or branches are physically located and/or providing MSB services. Check box a, b, or c as appropriate (Check only one) and do not check individual state/territory boxes. If box a, b, or c does not apply,					

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