UNITED STATES DEPARTMENT OF THE TREASURY OFFICE OF FOREIGN ASSETS CONTROL REPORT OF BLOCKED TRANSACTIONS

INSTITUTION INFORMATION							
		TYPE OF INSTITUTION	ADDRESS				
CITY	STATE	CONTACT PERSON	TELEPHONE NUMBER				
POSTAL CODE	COUNTRY	E-MAIL ADDRESS	FAX NUMBER				

TRANSACTION INFORMATION

AMOUNT BLOCKED	DATE OF TRANSACTION	DATE OF BLOCKING	PROGRAM OR REASON FOR BLOCKING FUNDS			
ORIGINATOR NAME & AD	DRESS	ORIGINATING FINANCIAL INSTITUTION NAME & ADDRESS				
INTERMEDIARY FINANCI ADDRESS	AL INSTITUTION(S) NAME &	BENEFICIARY FINANCIAL INSTITUTION NAME & ADDRESS				
BENEFICIARY NAME & A	DDRESS	ADDITIONAL RELEVANT INFORMATION (USE PAGE 2 IF MORE SPACE IS NEEDED)				
ADDITIONAL DATA FOUND IN ORIGINATOR TO BENEFICIARY INFORMATION OR BANK TO BANK INFORMATION						

PLEASE ATTACH A COPY OF PAYMENT INSTRUCTIONS AS PAGE 3 OF THIS FORM

PREPARER INFORMATION

SIGNATURE	NAME OF SIGNER	TITLE OF SIGNER	DATE PREPARED

ADDITIONAL INFORMATION (PLEASE INCLUDE PAYMENT INSTRUCTIONS AS A SEPARATE ATTACHMENT TO THIS DOCUMENT)