## **INSTRUCTIONS**

WHERE A WIRE TRANSFER HAS BEEN BLOCKED AT A U.S. FINANCIAL INSTITUTION DUE TO U.S. GOVERNMENT SANCTIONS, A PARTY TO THE TRANSFER MAY APPLY FOR RELEASE OF THE FUNDS.

- COMPLETE ALL APPLICABLE SECTIONS. FAILURE TO PROVIDE ADEQUATE INFORMATION MAY RESULT IN YOUR APPLICATION BEING RETURNED WITHOUT ACTION.
- ATTACH COPIES OF ANY DOCUMENTS RELATED TO THE UNDERLYING TRANSACTION (E.G. INVOICES, BILLS OF LADING, PHOTOCOPY OF THE ORIGINAL PAYMENT OR TRANSFER INSTRUCTIONS, COPIES OF GOVERNMENT-ISSUED IDENTIFICATION SUCH AS PASSPORT, TEMPORARY/PERMANENT RESIDENT CARD, BIRTH CERTIFICATE, OR OTHER IDENTIFYING DOCUMENTATION).
- ALL DOCUMENTS MUST BE IN ENGLISH OR INCLUDE AN ENGLISH TRANSLATION.
   APPLICATIONS FOR THE UNBLOCKING OF FUNDS MAY BE SUBMITTED VIA OFAC'S LICENSE APPLICATION FORMS PAGE (HTTPS:// OFACLICENSING.OFAC.TREAS.GOV/) OR, IF THAT OPTION IS UNAVAILABLE, BY USING FORM TD-F 90-22.54, "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS," OR VIA A SUBMISSION THAT OTHERWISE CONTAINS ALL OF THE INFORMATION PROVIDED FOR IN FORM
- DECORPTING A SUBMISSION THAT OTHERWISE CONTAINS ALL OF THE INFORMATION PROVIDED FOR INF
- HTTPS://OFACLICENSING.OFAC.TREAS.GOV/ OR ANY OTHER OFFICIAL ELECTRONIC OPTION, AS SPECIFIED BY OFAC ON ITS WEBSITE.
  IF APPLICATIONS ARE MADE ELECTRONICALLY, THEN IT IS NOT NECESSARY TO SEND COPIES OF THE SAME APPLICATION VIA U.S. MAIL.
- IF SENDING APPLICATION VIA U.S.MAIL, THEN MAIL THE COMPLETED AND SIGNED APPLICATION, TOGETHER WITH ACCOMPANYING DOCUMENTATION, TO: OFFICE OF FOREIGN ASSETS CONTROL, LICENSING DIVISION, DEPARTMENT OF THE TREASURY, 1500 PENNSYLVANIA AVENUE N.W., FREEDMAN'S BANK BUILDING, WASHINGTON, DC 20220, ATTN: BLOCKED FUNDS APPLICATION.
- A COPY OF THIS APPLICATION AND ALL RELATED DOCUMENTATION MUST BE RETAINED BY THE APPLICANT FOR AT LEAST TEN YEARS AFTER THE DATE OF THE UNDERLYING TRANSACTION.
- UNLESS AUTHORIZED BY OFAC, APPLICATIONS MADE BY ANY OTHER METHOD WILL NOT BE CONSIDERED.

### LICENSES GRANTED PURSUANT TO THIS APPLICATION ARE SUBJECT TO THE CONDITIONS BELOW

- LICENSEES SHALL FURNISH AND MAKE AVAILABLE FOR INSPECTION ANY RELEVANT INFORMATION, RECORDS OR REPORTS REQUESTED BY THE SECRETARY OF THE TREASURY OR ANY DULY AUTHORIZED OFFICER OR AGENCY OF THE SECRETARY.
- A SPECIFIC LICENSE IS NOT TRANSFERABLE, IS LIMITED TO THE FACTS AND CIRCUMSTANCES SPECIFIC TO THE APPLICATION, AND IS SUBJECT TO THE PROVISIONS OF 31 CFR PART 501, THE RELEVANT EXECUTIVE ORDER OR PART OF 31 CFR CHAPTER V PERTAINING TO THE SANCTIONS PROGRAM UNDER WHICH THE TRANSFER WAS BLOCKED AND ANY REGULATIONS OR RULINGS ISSUED PURSUANT THERETO. A LICENSE MAY BE REVOKED OR MODIFIED AT ANY TIME AT THE DISCRETION OF THE SECRETARY OF THE TREASURY. IF A SPECIFIC LICENSE WAS ISSUED AS A RESULT OF WILLFUL MISREPRESENTATION ON THE PART OF THE APPLICANT OR HIS AGENT, IT MAY, AT THE DISCRETION OF THE SECRETARY OF THE TREASURY, BE DECLARED VOID FROM THE DATE OF ITS ISSUANCE, OR FROM ANY OTHER DATE.
- A SPECIFIC LICENSE 1) DOES NOT EXCUSE COMPLIANCE WITH ANY LAW OR REGULATION ADMINISTERED BY THE OFFICE OF FOREIGN ASSETS CONTROL OR ANOTHER AGENCY (INCLUDING REPORTING REQUIREMENTS APPLICABLE TO THE TRANSACTIONS AND ACTIVITIES THEREIN LICENSED), 2) DOES NOT RELEASE THE LICENSEES OR THIRD PARTIES FROM CIVIL OR CRIMINAL LIABILITY FOR VIOLATION OF ANY LAW OR REGULATION, AND 3) DOES NOT CONSTITUTE A FINDING OF FACT OR CONCLUSION OF LAW WITH RESPECT TO THE APPLICABILITY OF ANY LAW OR REGULATION.
- ATTENTION IS DIRECTED TO 19 U.S.C. §§ 1592 AND 1595A, 18 U.S.C. § 545, 18 U.S.C. § 1001, 50 U.S.C. APP. § 16, AND SECTION 701 ET SEQ. OF THE RELEVANT PART OF 31 CFR FOR PROVISIONS RELATING TO PENALTIES.

#### FOR YOUR INFORMATION

- Remitter The person or organization that is sending the funds.
- Remitting Financial Institution Name of the financial institution initiating the transfer on behalf of the remitter.
- Intermediary Financial Institution A bank other than the remitter's bank or beneficiary's bank through which the transfer passes.
- Beneficiary Financial Institution The financial institution receiving the funds on behalf of the beneficiary.
- Beneficiary The ultimate party to be credited or paid as a result of a wire transfer.

#### WARNING!

MAKING FALSE OR MISLEADING STATEMENTS ON OR IN CONNECTION WITH THIS APPLICATION MAY CONSTITUTE SERIOUS CRIMINAL AND/OR CIVIL VIOLATIONS OF FEDERAL LAW AND MAY RESULT IN SUBSTANTIAL FINES.

PAPERWORK REDUCTION ACT NOTICE AND PRIVACY ACT STATEMENT: The Office of Foreign Assets Control (OFAC) of the Department of the Treasury requires this information to be furnished pursuant to 31 CFR Part 501 (Reporting, Procedures and Penalties Regulations). In accordance with the Paperwork Reduction Act of 1995, these collections of information have been previously approved by the Office of Management and Budget under control number 1505-0164. The information collected will be used by the U.S. Government to evaluate and process license applications submitted by applicants whose money has been blocked pursuant to OFAC sanctions. It is the policy of OFAC to protect the confidentiality of information in appropriate cases pursuant to the exemptions from disclosure provided under the Freedom of Information Act and the Privacy Act. The information may be shared with other Federal agencies that assist OFAC in reviewing and verifying license applications in accordance with the routine uses outlined in the Treasury's system of records notice, DO .120 - Records Related to Office of Foreign Assets Control Economic Sanctions - 81 FR 78298 (Nov. 7, 2016). Failure to furnish the requested information may delay the application processing. The estimated burden associated with this collection of information is 30 minutes per respondent. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to OFACReport@treasury.gov and the Office of Management and Budget, Paperwork Reduction Project OMB No. 1505-0164, Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

Mail this application to: Licensing Division Office of Foreign As

Office of Foreign Assets Control U.S. Department of the Treasury 1500 Pennsylvania Avenue, N.W. Washington, D.C. 20220

Form Approved OMB No.: 1505-0164 Expiration Date: 02/29/2028



# APPLICATION FOR THE RELEASE OF BLOCKED FUNDS

TYPE OF APPLICATION New Application						Previous Case Number (if applicable):			
							3. Date Blocked (mm/dd/yyyy):		
				APPLI	ICANT/CC	ONTACT INF	ORMATION		
4. Business Name (if app	olicable):								
5. Last Name:				6. First	Name:				
7. Middle Name:					8a. Stree	t Address 1:			
8b. Street Address 2:							9. City:		
10. <b>Country</b>						11. <b>State</b>			12. Postal Code:
13. Int'l 14. Phone:		0	Number	Extension	]			nt'l 16. Fax:	Area Exchange Number
17. E-mail Address:									
19. State or Country Whe	ere Busines	s is Inco	orporated	l:					
20. Transfer Blocked Due to the Following OFAC Sanctions Program:									
			FIN	VANCIAL	INSTITU	TION THAT	BLOCKED FL	INDS	
21. Institution Name:									
22. Street Address:								23. City:	
24. <u>Country</u>					25	5. S <u>tate</u>			26. Postal Code:
					REMITTE	R'S INFORM	ATION		
27. Business Name (if ap	plicable):								
						ne:		30.	Middle Name:
28. Last Name:         29. First N           31. Street Address:								32. City: _	
									35. Postal Code:
				REM	ITTING FI	NANCIAL IN	STITUTION		
36. Institution Name:									
						38. City:			
39. <b>Coun<u>try</u></b>						40. <b>Stat</b>	e		41. Postal Code:
					Pag	e 1 of 3			

45. Country       46. State       47. Postal Code:		INTERMEDIARY FINANCIAL INSTITUT	TON		
43. Street Address:	42. Institution Name:				
BENEFICIARY FINANCIAL INSTITUTION         48. Institution Name:	43. Street Address:	11 City			
48. Institution Name:	45. Country	46. <b>State</b>	47. Postal Code:		
49. Street Address:       50. City:         51. Country       52. State         52. State       53. Postal Code:         BENEFICIARY'S INFORMATION         64. Business Name (if applicable):         55. Last Name:       56. First Name:         56. Street Address:       57. Middle Name:         58. Street Address:       59. City:         60. Country       61. State         62. Postal Code:       62. Postal Code:		BENEFICIARY FINANCIAL INSTITUTIO	ON		
49. Street Address:       50. City:         51. Country       52. State         52. State       53. Postal Code:         BENEFICIARY'S INFORMATION         54. Business Name (if applicable):         55. Last Name:       56. First Name:         58. Street Address:       57. Middle Name:         58. Street Address:       59. City:         60. Country       61. State	48. Institution Name:				
BENEFICIARY'S INFORMATION         64. Business Name (if applicable):         55. Last Name:       57. Middle Name:         56. First Name:       57. Middle Name:         58. Street Address:       59. City:         60. Country       61. State       62. Postal Code:	10 Street Address:		50. City:		
64. Business Name (if applicable):	51. Country	52. <b>State</b>	53. Postal Code:		
5. Last Name:       57. Middle Name:         58. Street Address:       59. City:         50. Country       61. State         62. Postal Code:       62. Postal Code:		BENEFICIARY'S INFORMATION			
5. Last Name:       57. Middle Name:         58. Street Address:       59. City:         50. Country       61. State         62. Postal Code:       62. Postal Code:	4. Business Name (if applicable):				
58. Street Address:       59. City:         60. Country       61. State         62. Postal Code:       62. Postal Code:					
60. Country       61. State       62. Postal Code:					
	US. DETRIED EXPLANATION OF THE T				

# APPLICATION FOR THE RELEASE OF BLOCKED FUNDS (cont'd)

64. DETAILED EXPLANATION OF THE TRANSACTION (cont'd)

65. APPLICANT CERTIFICATION: I, THE UNDERSIGNED, HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS APPLICATION AND ANY ACCOMPANYING DOCUMENTATION IS TRUTHFUL AND COMPLETE.							
66. SIGNATURE: (please provide handwritten signature on printed application)	67. DATE: (please provide handwritten date)						
68. SIGNATORY NAME:	69. SIGNATORY TITLE:						
70. SIGNATORY E-MAIL:							