

CENTRAL BANK OF SAMOA

CBS APPROVAL NO

EXCHANGE CONTROL

Application to open a Foreign Currency Deposit Account

1. Applicant / Account Name : _____
 Individual – Mr / Mrs / Miss : _____
 Company – Name of Company : _____
2. Full Postal Address / Telephone No : _____
3. Type of Business : _____
4. Name of Bank : _____
5. Type of Foreign Currency Account Required (amount in words) :
US\$ _____ NZ\$ _____
AU\$ _____ Other (specify) _____
6. Source of Funding :
 Export Proceeds
 Hotel Earnings
 Fees
 Other (specify) _____
(Please tick as appropriate)
7. Method of Funding :
 Travellers cheque
 Bank Draft
 Telegraphic Transfer
 Other (specify) _____
(Please tick as appropriate)

❖ Please note that cash is not acceptable as a source of funding.

Purpose of Foreign Currency Account – to pay for :

- Imports
- Travel Expenses
- Other purpose (s) – (specify) _____
(Please tick as appropriate)

DECLARATION

1. I am aware that it is an offence under the Exchange Control (Foreign Exchange) Regulations to make a false statement in this application.
2. That any funds allocated will be used only for the purpose (s) above.
3. That if funds (or part of them) are not used for the stated purpose (s), they will be resold to a local commercial bank.
4. I/We undertake to submit a monthly statement detailing the transactions conducted through the account for the month.
5. I/We understand that non-compliance will result in the cancellation of the Foreign Currency Deposit Account.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

VALID FOR THREE MONTHS

Application Approved / Declined

Comments

Governor
Central Bank of Samoa

