

CENTRAL BANK OF SAMOA

CBS APPROVAL NO.

EXCHANGE CONTROL

Application Form 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)
(Please tick as appropriate)

- 6. Source of Funding :
(Please note that CASH is not acceptable as a source of funding)
Export Proceeds
Hotel Earnings
Fees
Other (specify)
7. Method of Funding :
Travellers cheque
Bank Draft
Telegraphic Transfer
Other (specify)
8. Purpose of Foreign Currency Account - to pay for :
Imports
Travel Expenses
Other purpose (s) - (specify)

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

Four horizontal lines for comments.