

**CENTRAL BANK OF SAMOA  
EXCHANGE CONTROL**

**Foreign Currency Deposit Account**

**Report Form**

Month \_\_\_\_\_

1. Account Name: \_\_\_\_\_
2. Full Postal Address / Telephone No: \_\_\_\_\_
3. Type of Business: \_\_\_\_\_
4. CBS Approval No: \_\_\_\_\_
5. Name of Bank: \_\_\_\_\_

6. Account was funded (during the month) from:

- |  |  |
|--|--|
| <input type="checkbox"/> Export Proceeds | <input type="checkbox"/> Fees                  |
| <input type="checkbox"/> Hotel Earnings  | <input type="checkbox"/> Other (specify) _____ |

( Please tick as appropriate )

Total Funds Received:      USD \_\_\_\_\_      NZD \_\_\_\_\_  
    AUD \_\_\_\_\_      Other (specify) \_\_\_\_\_

The Account was debited for payment of:

- Imports
- Travel Allowance
- Other Purpose (s) – (specify) \_\_\_\_\_

( Please tick as appropriate )

	USD	NZD	AUD	Other (specify)
Balance(s) at the beginning of the month				
Less Amount(s) Debited				
Plus Amount(s) Credited				
Balance(s) at the end of the month				

\_\_\_\_\_  
 Authorised Signature of Account Holder

\_\_\_\_\_  
 Date

- (a) This report (for the previous month) must be submitted by the fifth (5th) day of the following month.
- (b) CBS to be advised on any change of address.
- (c) Supporting documentation may be required for verification.