FORM

RESERVE BANK OF FIJI EXCHANGE CONTROL ACT (CAP 211) REVISED 1985

RETAINED FOREIGN CURRENCY ACCOUNT
APPLICATION TO OPEN AND MAINTAIN FOREIGN CURRENCY ACCOUNT(S)
WITH THE COMMERCIAL BANKS IN FIJI

COMPLETE THIS FORM CLEARLY USING BLOCK CAPITALS

COMPANY DETAILS				
1. NAME OF BUSINESS Trading Name				
(if different from registered nam	e)			
Locally Owned	Foreign Owned	*		
* Companies that are foreign oving issue of shares to the no	vned to fulfill Reserve E on-resident shareholders	Bank requirements under sprior to applying for a	r the Exchange Cont a foreign currency ac	rol Act for the ecount
2. PURPOSE (to specify, for w	what purpose (s))			
3. FUNDING (if other than for	export proceeds, to spo	ecify)		
4. ACCOUNT TYPE				
Application to open foreign	currency account(s) and	d to specify the limits(s	s)	
Tick applicable 4.1 items(s)	USD \$	4.4	NZD \$	
4.2	AUD \$	4.5	JYP \$	
4.3	STG \$	4.6	EURO \$	
4.7	Other (Specify)			
 5. CHECKLIST Upon application 5.1 A blanket tax clearance fro all tax obligations for serving 5.2 For exporters only, the community 5.3 A cashflow forecast with decision disbursements to be made for a community 	ce related transactions pany to clear its outsta etails of expected receip	arising out of the accounding export proceeds;	unt(S);	
6. COMMERCIAL BANK (Offer by the commercial Bank	in Fiji for the company	to open the above acco	unt(s)	BANK STAMP
Name of officer:				
Signature:				
Designation:		Date:		
7. COMPANY UNDERTAKING (To be signed by a Director or I/We hereby undertake to comploperation and reporting of the F	Manager of the compa	of Fiji's requirements	regarding the	
operation and reporting of the r	oreign currency account			COMPANY STAMP
Name of officer:				
Signature:				
Designation:		Date:		

	Permissi	ion under the Exchange Control Act is g	granted to	to open an	
	maintain	foreign currency account(s) for		within th	
	specified	d limit(s) as follows:			
		USD \$	NZD	5	
		AUD \$	JYEN	5	
		STG \$	EURO	5	
		OTHER: \$			
		OTHER.			
	This app	proval is granted subject to the following	ng conditions:		
	1	Bank will ensure that:			
	1.1	the account(s) is/are solely funded f	rom offshore:		
	1.2	the above account(s) is/are included			
	1.3	the limit(s) is/are observed at all tin		pproved	
		limit(s) is/are to be transferred to th			
1.4 all payments made are within the current Bank Delegated Authority Limit; and				ority Limit; and	
	1.5	the approval of the Reserve Bank is	obtained for any doubtful t	ransactions.	
	2				
	will	provide to the Reserve Bank of Fiji the	following information:		
	2.1	a quarterly reconciliation report(s) of	on the operation of the acco	unt(s);	
	2.2 this report to include details of each transactions made to and from the account(s);				
	2.3	the copies of the relevant bank state	ments;		
	2.4	1 st report is due on;	and		
	2.5	to highlight receipt of export procee	ds on the bank statements a	and to identify the	
		corresponding export licences (for e	xporters only).		
		above account(s) will be further reviewed			
		nuation of the account(s) will be grante	ed upon satisfactory compli	ance with the above	
	condi	itions.			

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RESERVE BANK OF FIJI STAMP	PERMIT NUMBER	R //
	Signatory:	
	Signatory:	
	Date:	QUALITY PRINT LTD 11464/06