

APPLICATION TO PURCHASE FOREIGN EXCHANGE

Reference No. _____

TO: _____
(Name of AAB/AAB-forex corp)

(Address)

I/We hereby apply to purchase foreign exchange with the following details:

APPLICANT:

Name: _____

Address: _____

Tel. No./Fax No./E-mail Address: _____

Tax Identification No.: _____

SSS/GSIS/Voter's ID No./Drivers Lic. No. (For Individual) _____

AMOUNT APPLIED FOR (Specify foreign currency) _____

PURPOSE: (please check appropriate box)

- | | |
|--|---|
| <input type="checkbox"/> Trade (payment of importation) | <input type="checkbox"/> Other non-trade payments |
| <input type="checkbox"/> Foreign Investments | <input type="checkbox"/> Services |
| <input type="checkbox"/> Outward Investment | <input type="checkbox"/> Non-merchandise Insurance |
| <input type="checkbox"/> Direct (Equity Capital) | (specify if premiums or claims) |
| <input type="checkbox"/> Portfolio Investment | <input type="checkbox"/> Passenger Tickets |
| <input type="checkbox"/> Equity Securities | <input type="checkbox"/> Travel Expenses |
| <input type="checkbox"/> Debt Securities | <input type="checkbox"/> Commissions |
| <input type="checkbox"/> Purchase of foreign currency-denominated bonds/ notes issued by the Republic of the Philippines/ other entities | <input type="checkbox"/> Professional/ Management Fees |
| <input type="checkbox"/> Repatriation of Capital* | <input type="checkbox"/> Royalties |
| <input type="checkbox"/> Remittance of Branch Profits | <input type="checkbox"/> Communication Services |
| <input type="checkbox"/> Foreign/ Foreign currency loans* | <input type="checkbox"/> Others (specify transaction description) _____ |
| <input type="checkbox"/> Owed to Non-residents | <input type="checkbox"/> Income payment (specify if interest or dividends)* |
| <input type="checkbox"/> Owed to Residents (FCDUs/ EFCDUs) | <input type="checkbox"/> Transfers (e.g. grants and donations) |
| <input type="checkbox"/> Principal _____ | |
| <input type="checkbox"/> Interest _____ | |
| <input type="checkbox"/> Fees _____ | |

BENEFICIARY (Except for travel purposes, medical expenses not yet incurred and sales proceeds of emigrant's domestic assets if emigrant is still in the country)

Name : _____

Address : _____

I hereby certify that no foreign exchange has been purchased either on spot or deliverable forward basis and/or no swap contract/s has/have been entered into covering the same underlying transaction and that the foregoing information are true and correct.

Date of Application

Signature Over Printed Name

* on inward foreign investments/ loans registered with the BSP