

CENTRAL BANK OF BARBADOS
EXCHANGE CONTROL ACT, CAP.71

ORIGINAL

FORM PP

APPLICATION TO MAKE PERIODIC PAYMENTS

REGISTRY NUMBER
APPROVAL NUMBER

TO

(Name and Address of bank to which application is addressed)

1. I/We, the undersigned, hereby **apply** for permission to make the undermentioned payment.

2. APPLICANT	BENEFICIARY
NAME	NAME
ADDRESS	ADDRESS
.....
Residential Status:.....	Relationship with applicant
	<u>1(See Note 1)</u>
Applicant's Occupation:	

Applicant's Monthly Income:
 (See Note 2) Gross \$ Net \$.....

2. Amount of Remittance Foreign currency (in words)
(BDS \$ Equivalent) \$

3. Frequency of Remittance:

Purpose of Remittance (Give full particulars; See Note 3)

(Continue overleaf if necessary)

I/We declare that the above statements are true and that the foreign currency will be used for the purpose stated.

DATE Signature of Applicant

Stamp of bank verifying the applicant's signature and vouching for the accuracy of the statements.

For use by the Central Bank of Barbados
 remittance of
 approved
 This permit expires on

EXCHANGE CONTROL AUTHORITY

N.B. THIS FORM SHOULD BE RETURNED TO THE CENTRAL BANK OF BARBADOS ON EXPIRY OF THE PERMIT.

CENTRAL BANK OF BARBADOS

EXCHANGE CONTROL ACT, CAP.71

DUPLICATE

REGISTRY NUMBER

APPROVAL NUMBER

FORM PP

APPLICATION TO MAKE PERIODIC PAYMENTS

TO

(Name and Address of bank to which application is addressed)

3. I/We, the undersigned, hereby apply for permission to make the undermentioned payment.

Table with 2 columns: APPLICANT and BENEFICIARY. Rows include NAME, ADDRESS, Residential Status, and Relationship with applicant.

Applicant's Occupation:

Applicant's Monthly Income: (See Note 2)

Gross \$ Net \$

2. Amount of Remittance Foreign currency (in words) (BDS \$ Equivalent) \$

4. Frequency of Remittance:

Purpose of Remittance (Give full particulars; See Note 3)

(Continue overleaf if necessary)

I/We declare that the above statements are true and that the foreign currency will be used for the purpose stated.

DATE Signature of Applicant

Stamp of bank verifying the applicant's signature and vouching for the accuracy of the statements.

For use by the Central Bank of Barbados remittance of approved This permit expires on

EXCHANGE CONTROL AUTHORITY

N.B. THIS FORM SHOULD BE RETURNED TO THE CENTRAL BANK OF BARBADOS ON EXPIRY OF THE PERMIT

4. Purpose of Remittance (Continued)

FOR OFFICIAL USE ONLY

NOTES ON COMPLETION OF FORM

- 1 **Beneficiary's relationship with Applicant:** This should be stated where the remittance is for maintenance of dependants abroad.
- 2 **Monthly Income:** The monthly income of the remitter should be stated where the remittance is for maintenance of dependants abroad or where the remittance is in any way related to income.
3. **Evidence:** Applications should normally be supported by documentary evidence, the nature of which will vary according to the type of payment to be made. Where copies only are submitted, these must be certified by the applicant's banker. All supporting documents should be stamped by the applicant's banker.

FOR USE BY BANK HANDLING REMITTANCE

<i>DATE OF</i> REMITTANCE	AMOUNT REMITTED (in foreign currency)	BDS \$ EQUIVALENT	DATE & STAMP OF BANK