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 name) |
| Locally Owned Foreign Owned* |
| |
| * Companies that are foreign owned to fulfill Reserve Bank requiremnts under the Exchange Control Act for the issue of shares to the non-resident shareholders prior to applying for a foreign currency account |
| 2. PURPOSE (to specify, for what purpose (s)) |
| |
| 3. FUNDING (if other than for export proceeds, to specify) |
| 4. ACCOUNT TYPE |
| Application to open foreign currency account(s) and to specify the limit(s) |
| Tick applicable 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 For exporters only, the company to clear it's outstanding export proceeds; 5.2 A six months cashflow forecast with details of expected receipts into the account(s) and disbursements to be made from the accounts(s). |
| 6. COMMERCIAL BANK |
| (Offer by the commercial Bank in Fiji for the company to open the above account(s) BANK STAMP |
| Name of officer: |
| Signature: |
| Designation: |
| 7. COMPANY UNDERTAKING |
| (To be signed by a Director or Manager of the company) I/We hereby undertake to comply with the Reserve bank of Fiji's requirements regarding the operation and reporting of the Foreign Currency account(s): COMPANY STAMP |
| Name of officer: |
| Signature: |
| Designation: Date: |

| OFFICE USE ONLY | |
|--|--|
| Permission under the Exchange Control Act is grant | ted to to open |
| maintain foreign currency account(s) for | within |
| specified limit(s) as follows: | |
| | |
| USD \$ | NZD \$ |
| AUD \$ | JYEN \$ |
| STG \$ | EURO \$ |
| OTHER: \$ | |
| | |
| TI | |
| This approval is granted subject to the following co | nditions: |
| 1 Bank will ensure that: | |
| 1.1 the account(s) is/are solely funded from | offshore: |
| 1.2 the above account(s) is/are included in it | |
| the limit(s) is/are observed at all times. | |
| | mpany's resident account within 72hours; |
| 1.4 all payments made are within the current | |
| 1.5 the approval of the Reserve Bank is obtain | |
| | |
| 2 | |
| will provide to the Reserve Bank of Fiji the follo | owing information: |
| 2.1 a quarterly reconciliation report(s) on the | |
| 2.2 this report to include details of each trans | sactions made to and from the account(s); |
| 2.3 the copies of the relevant bank statement | s; |
| 2.4 1st report is due on; and | |
| 2.5 to highlight receipt of export proceeds on | the bank statements and to identify the |
| corresponding export licences (for export | ters only). |
| | |
| 3. The above account(s) will be further reviewed on | Approval for the |
| continuation of the account(s) will be granted upo | on satisfactory compliance with the above |
| conditions. | |
| | |
| Notwithstanding any of the requirements listed about | ove, the Reserve Bank may stipulate additional |
| conditions of approval as and when necessary. | |
| | |
| RESERVE BANK OF FIJI STAMP | PERMIT NUMBER |
| TOT STANII | PERMIT NUMBER R // |
| | |
| Sig | gnatory: |

Signatory:

Date:

DAVUI PRINTERY LTD 1044/17