

# CENTRAL BANK OF BARBADOS

ORIGINAL

EXCHANGE CONTROL ACT, CAP.71

FORM PP

APPLICATION TO MAKE PERIODIC PAYMENTS

REGISTRY NUMBER

APPROVAL NUMBER

TO: \_\_\_\_\_  
(Name and Address of the bank to which application is addressed)

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

APPLICANT	BENEFICIARY
NAME _____	NAME _____
ADDRESS _____ _____ _____	ADDRESS _____ _____ _____
Residential Status: _____	Relationship with applicant _____ (See Note 1)

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:-

4. 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 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.