

BANK OF PAPUA NEW GUINEA

FOREIGN EXCHANGE DEALER LICENCE APPLICATION

This is intended to assist the applicant in preparing and submitting a complete application, in the form and detail set out under the "LICENSING REQUIREMENTS" (Part 2) of the REQUIREMENTS FOR FOREIGN EXCHANGE DEALER LICENCE¹. The Checklist is not a substitute for the requirements of the BFIA². Place tick in space (____) alongside each item.

1.	Foreign Exc	hange Business Plan (Part 2.1)		
	()	Full details of foreign exchange business plan, including the business model		
	()	Full details of currencies to be transacted Organisational structure, incorporating the foreign exchange business		
	()	Management structure, incorporating foreign exchange business management structure		
	()	Chart showing clearly the separation of trading, settlement and information and accounting systems of foreign exchange business		
2.	Information and Accounting Systems (Part 2.2)			
	()	Policy showing sufficient details on the types of information and accounting systems to be adopted		
3.	Correspond	Correspondent Banks (Parts 2.3)		
	() ()	Names of foreign correspondent banks Copies of agreements entered into and full details of trading arrangements with foreign correspondent banks		
	()	Documentary evidence on the establishment of nostro accounts		
4.	Other			
	()	Application Fee (Part 2.4)		

Additional information may be submitted (or requested) where appropriate to clarify or supplement the requested information.

² BFIA means the Banks and Financial Institutions Act (2000).

()	Complete FORM-FEL 3 (Part 2)
()	Complete FORM-FEL 2 (Part 2.6)
()	Complete FORM-FEL 1



BANK OF PAPUA NEW GUINEA

APPLICATION FOR AN AUTHORISED FOREIGN EXCHANGE DEALER LICENCE, UNDER SECTION 80 OF THE CENTRAL BANKING ACT (2000) AND PART II OF THE CENTRAL BANKING (FOREIGN EXCHANGE AND GOLD) REGULATION

	Application Date:	
Name of Applicant:		
Operating Location of Applicant's	Head Office:	
Postal Address of Applicant:		
Сс	ontact Information:	
Name:		
Position or Title:		
Postal Address:		
Telephone/Fax:		
E-mail:		



BANK OF PAPUA NEW GUINEA

DECLARATION IN RESPECT OF APPLICATION TO DEAL IN FOREIGN EXCHANGE

I/We, the undersigned acting for-and-on behalf of the applicant do hereby certify that:

All the information and documentation provided as per the **CHECKLIST** in support of this application is true and correct in all respects to the best of my knowledge.

Name and Signatures:

Name of applicant's Director 1	Signature
Name of applicant's Director 2	Signature
Name of applicant's Director 3	Signature
Name of applicant's Director 4	Signature
Name of Chief Executive Officer	Signature
Date:	_