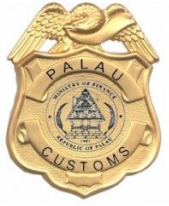




**BUREAU OF CUSTOMS AND BORDER PROTECTION
MINISTRY OF FINANCE**

P.O. BOX 6011
KOROR, REPUBLIC OF PALAU 96940
PHONE: (680) 488-1985 / 6031 / 5067 FAX: (680) 488-4405
EMAIL: customs@bcbp.pw



**REPORT OF INTERNATIONAL TRANSPORTATION OF
CURRENCY OR MONETARY INSTRUMENT**

Part 1: PERSONAL INFORMATION			
1. NAME (LAST OR FAMILY, FIRST AND MIDDLE)		2. DATE OF BIRTH (MONTH, DAY, YEAR)	
3. PERMANENT ADDRESS IN PALAU OR ABROAD		4. CITIZENSHIP	
5. MALE / FEMALE		6. ADDRESS WHILE IN PALAU	
7. PASSPORT NO. & COUNTRY		8. PALAU VISA DATE / NUMBER	
9. WORK PERMIT NO.			
PART 2. FOR INDIVIDUAL DEPARTING FORM OR ENTERING THE REPUBLIC OF PALAU			
10. METHOD OF SHIPMENT		ENTRY TYPE	
FROM		ARRIVED AT	
PART 3. IF CURRENCY OR MONETARY INSTRUMENT WAS MAILED OR OTHERWISE SHIPPED			
11. CURRENCY OR MONETARY INSTRUMENT			
DATE SHIPPED		DATE RECEIVED	
12. CURRENCY OR MONETARY INSTRUMENT SHIPPED TO			
SHIPPED TO		RECEIVED FROM	
13. NAME		ADDRESS	
14. METHOD OF SHIPMENT		NAME OF TRANSPORTER / CARRIER	
PART 4. CURRENCY OR MONETARY INSTRUMENT INFORMATION			
TYPE	COUNTRY	NAME	AMOUNT

PART 5. GENERAL – TO BE COMPLETED BY ALL TRAVELERS, SHIPPERS, AND RECIPIENTS	
15. WERE YOU ACTING AS AN AGENT, ATTORNEY OR IN CAPACITY FOR ANYONE IN THIS CURRENCY OR MONETARY INSTRUMENT ACTIVITY?	
16. PERSON IN WHOSE BEHALF YOU ARE ACTING	
A. NAME	
B. ADDRESS	
C. BUSINESS ACTIVITY, OCCUPATION OR PROFESSION	
17. Under penalty or perjury, I declare that I have examined this report to the best of my knowledge and belief. It is true, correct, and complete.	
SIGNATURE	DATE OF REPORT

CUSTOMS USE ONLY				
DATE	FLIGHT/VESSEL	COUNT VERIFIED	DECLARED	PENALTIES
TR NO		PENALTIES AMOUNT		RECEIPT NO

Verified by: _____
 Customs Officer Name & Badge No. (1)

 Customs Officer Name & Badge No. (2)