Annex 5 Annex 5 to the Direction No. 08 of 2017

AD	Branch		Se	rial No

CENTRA L BANK OF SRI LANKA Information on Release of Foreign Exchange Form 3- Sales of Foreign Exchange to Emigrants

To: Authorized Dealer	To: Director- Department of Foreign Exchange			
To be filled by the applicant for foreign exchange.	To be filled by the AD authorized to issue foreign exchange.			
Name in full:	Bank Code:			
	Branch Code:			
Present Address:	Country Code:			
Foreign Exchange Applied for: Telegraphic Transfer: Drafts: Drafts: Currency Notes: Other (Specify): I declare that I am leaving/have left Sri Lanka to reside permanently in the country of destination stated above and documents submitted herewith are true and correct to the best of my knowledge and belief. I also declare that I have not made any application to any Authorized Dealer for same purpose.	Bank Reference No.: I have examined the relevant document and satisfied with the bona- fide of the request and confirm the sale of foreign ° exchange for the purpose given by the applicant Date:			
Date: DD.MM.YY Signature of Applicant				

Classification | Confidential