

**TRANSACTION REPORTING
AUTHORITY**

**BORDER CURRENCY REPORT
(BCR)**

Complete this form if you are carrying cash with a value of more than TOP\$10,000 or foreign equivalent. This declaration is required by law under section 19(1) of the Money Laundering and Proceeds of Crime (Amendment) Act 2010.

Please complete in INK and in CAPITAL LETTERS

Give completed form to A CUSTOMS OFFICER at any Tongan AIR or SEA PORT at the time of your arrival or departure.

For any Assistance on completion of this form please speak to nearest Customs Officer

PART A – DETAILS OF PERSON CARRYING THE CURRENCY INTO OR OUT OF TONGA

1. Full name (*title, given names and surname*)

Also known as: _____

2. Date of birth: ____/____/____
Day / Month/ Year

3. Residential address in Tonga (*cannot be a PO Box*)

Phone: _____

4. Occupation, business or principal activity

5. Business address (*physical and PO Box*)

Country: _____ Phone: _____

6. Residential address in home country (*cannot be a PO Box*)

Phone: _____

7. Give details of all valid passports or other travel documents that you hold

Passport 1 number: _____

Country of issue: _____

Passport 2 number: _____

Country of issue: _____

8. If not a resident, purpose of visit:

- Holiday
 Visiting friends/relatives
 Business/conference
 Other, specify _____

PART B – DETAILS OF TRAVEL

9. Direction of Travel

OUT OF Tonga INTO Tonga

10. Date of Travel: ____/____/____
Day / Month/ Year

11. Flight number or name of ship:

PART C – DETAILS OF CURRENCY BEING CARRIED

12. Where is the city and country the currency is being imported OR taken to?

City _____ Country _____

13. Where was the currency obtained from? E.g. money changer, bank, business cashflow

14. Give details of the currency being carried (*if more than 3 currencies, attach extra details on separate sheet*)

Currency Code	Currency Amount									
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PART D – IF NOT YOUR OWN, ON WHOSE BEHALF ARE YOU ACTING?

15. Are you carrying this currency on your own behalf?

YES Go Part E if not for yourself or Part F if for yourself

NO Continue with PART D

16. What is the full name of the person, business or organization on whose behalf you are acting?

17. Business / residential address of this person, business or organization (cannot be a PO Box)
Name: _____
City: _____
Country: _____
(if not Tonga)

18. Occupation, business or principal activity of this person, business or organisation

PART E – IF NOT FOR YOURSELF, TO WHOM ARE YOU DELIVERING THE CURRENCY?

19. What is the full name of the person, business or organization to whom the currency is being delivered?

20. Business / residential address of this person, business or organization (cannot be a PO Box)
Name: _____
City: _____
Country: _____
(if not Tonga)

21. Occupation, business or principal activity of this person, business or organisation

PART F – DECLARATION AND SIGNATURE

22. I confirm that the information contained in this form is true and correct to the best of my knowledge.

SIGN HERE

23. Date: ____/____/____
Day / Month/ Year

TONGA CUSTOMS USE ONLY

i) Name, date of birth and passport verified
YES NO

ii) Currency verified
YES NO

iii) Name of Customs Officer:

iv) Name and type of port: e.g. Fua'amotu Airport

v) Date
____/____/____
Day / Month/ Year

TRANSACTION REPORTING AUTHORITY USE ONLY

Report Number: _____
Date Received: _____
Comments:

TONGA CUSTOMS to Send Completed BCR Form Marked as CONFIDENTIAL to:

Transaction Reporting Authority
National Reserve Bank of Tonga
Level 2, NRBT Building
Private Mail Bag, Nuku'alofa
Tonga
Email: nrbt@reservebank.to
Telephone: (676) 24057
Fax: (676) 24201