

## PART C

### LIQUIDITY RETURN

BERMUDA MONETARY AUTHORITY

**NAME OF INSTITUTION:** \_\_\_\_\_

**QUARTER:** \_\_\_\_\_

**UNCONSOLIDATED**

#### **Notes on completion**

1. Complete the form quarterly on an unconsolidated basis as at the end of March, June, September and December.
2. Exceptionally, the Authority may see a need for this form to be complete additionally on a basis wider than the unconsolidated institution. Any such wider coverage will be agreed case by case, reflecting the nature of fund flows and intra-group monitoring and control arrangements.
3. For definitions of items refer to the Liquidity Return “Guidance Notes and Definitions.”