

APPENDIX VI
STATISTICAL REPORT

[MONEY SERVICE BUSINESS NAME]

Date

This information is for the calendar quarter ended (date). All amounts are in US\$.

Service Provided	No. of Transactions	\$ Value	\$ Commissions (retained by MSB and including any other fees charged)
Money Transmission Inward			
Money Transmission Outward			
Cashing Cheques			
Cheque Guarantee			
Issuing Travelling Cheques/ Money Orders			
Electronic Payments: credit or debit card payments			
Bureau de Change: Total sales of BD\$ to customers Total purchases of BD\$ from customers Total other currency conversions			
Other (Please detail The Type of Service)			

CERTIFICATION

I certify that the above information is complete and correct to the best of my knowledge and belief.

Name _____ **Position Held** _____

Signature _____ **Date** _____

Note: As required under section 69 of the Money Service Business Act, a provider must, within twenty eight (28) days from the end of each calendar quarter, deliver to the Authority a Statistical Report.