أوتوريتي مونيتاري بروني دارالسلام

AUTORITI MONETARI BRUNEI DARUSSALAM

PHYSICAL CURRENCY AND BEARER NEGOTIABLE INSTRUMENTS (CBNI) REPORT

This form must be filled by every person moving into or out of Brunei Darussalam, Physical Currency and Bearer Negotiable Instruments with a total value exceeding BND15,000 (or its equivalent in a foreign currency)

ANTI MONEY LAUNDERING ORDER, 2000

The reporting requirement is part of the effort to combat money laundering and terrorism financing. This requirement does not in any way prohibit any type or amount of physical currency and bearer negotiable instruments from being moved in or out of Brunei Darussalam.

Please read the **General Information** before filling in this form.

Please submit completed form to a Customs Officer on arrival or an Immigration Officer on departure.

Please complete the form legibly in BLOCK LETTERS with BLACK or BLUE ink only

Full Name as in Passport

Date of Birth - -

Gender ☐ Male ☐ Female

Passport Number

Nationality

Country of Issue

Occupation / Profession / Business Activity

Permanent Address in Brunei Da[illegible] Overseas

Flight/Ship/Vehicle No. you are t[illegible] (if applicable)

DETAILS OF PHYSICAL CU[illegible]ND BEARER NEGOTIABLE INSTRUMENTS

Physical Currency	Amount
Brunei Dollar	
Singapore Dollar	
Malaysian Ringgit	
Indonesian Rupiah	
Philippines Peso	
Thai Baht	
Indian Rupee	
Great Britain Pound	
United States Dollar	
Australian Dollar	
Other Currency (Please State)	

Bearer Negotiable Instruments	Amount
Cheque	
Traveller's Cheque	
Bill of Exchange	
Money Order	
Estimated Total Value of CBNI in Brunei Dollar	

Destination of CBNI :

☐ Into Brunei Darussalam ☐ Out of Brunei Darussalam

Country from which the CBNI was moved

Country to which the CBNI is to be moved

Intended Purpose: ☐ Business ☐ Leisure ☐ Education ☐ Others ..... (Please specify)

Name of intended recipient of CBNI (if applicable)

Address of intended recipient of CBNI (if applicable)

Name from whom CBNI is received (if applicable)

Address of person from whom CBNI is received (if applicable)

Declaration: I declare that the information provided is true and accurate.	**SIGNATURE:**
	Date:

FOR OFFICIAL USE

Name & Signature of Officer in Charge:	**Name of Control Post:**
Remarks:	

SAMPLE ONLY