Export Form No.

## ORIGINAL

## **CENTRAL BANK OF SAMOA**

(For the Cental Bank)

## EXCHANGE CONTROL EXPORT FORM E (To Be Submitted in Quadruplicate)

Name and Full Postal Address of Exported			Name and Address of Purchaser / Consignee				
				•			
Telephone:							
Country of origin of Goods			Country to which goods consigned				
At the first terms of the state			ASS. (61) 18) H. A. J. P				
		Name of Ship or Airline (state voyage or flight no.)	Airway Bill/Bill of Lading No.		<b>0.</b>	Expected date of shipment	
No. of Pkgs	1 2 1		F Goods Weight (Kg)		Value of Goods (CIF) (Samoan TalaS)	Value of Goods (FOB) (Samoan TalaS)	Freight & Insurance (Samoan TalaS)
namen enteren							
						The state of the s	
of Loading			Port of Discharge Final Destina		Final Destination	on	
IMPORTANT:  See Notice to Exporters on reverse of form.  1. I / We declare that I / We are the owner of the within mentioned goods and the above are true and correct.  2. I / We also undertake that the foreign currency proceeds of the goods will be delivered bank-as soon as possible and not later than 2 months from the date of export of good other than American Samoa. In case of exports to American Samoa, I / We undertake the foreign currency proceeds to above bank within 4 weeks from the date of shipmen.							vered to above oods to countries take to deliver
				Signature of Owner/Exporter/Authorized Agent			
				Signa	iture of Uwner/Ex]	ogrter/Authorize(	a Agent

manuscript (

for: Governor (Central Bank of Samoa)