Category/Classification : A-2/Primary

Deadline : Quarterly, within 15 banking days from end of reference quarter

Submission : Email to Department of Supervisory Analytics at

DSAReports@bsp.gov.ph in .pdf format

**SWORN CERTIFICATION OF COMPLIANCE WITH**

**THE FCDU/EFCDU COVER REQUIREMENTS**

<Name of Bank>

**C E R T I F I C A T I O N**

Pursuant to Section 73 of the Manual of Regulations on Foreign Exchange Transactions, as amended, we hereby certify that we have   
fully complied with the 100% Asset Cover Requirement for   
FCDU/EFCDU Liabilities on all the two (2)-week period of the   
quarter ended \_\_\_\_\_\_\_\_\_ <Year>.

We further certify to the best of our knowledge that the above statement is true and correct.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| President or Country Head  (for Foreign Banks) |  | Compliance Officer |  | Head of Treasury Department |
| TIN: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | TIN: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | TIN: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SUBSCRIBED AND SWORN TO** before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_, at \_\_\_\_\_\_\_\_\_\_, Philippines affiant/s exhibiting their government-issued identification cards as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | GOVERNMENT-  ISSUED ID | DATE OF ISSUE | PLACE OF ISSUE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Witness my hand and notarial seal on the date and place above-written.

|  |
| --- |
| NOTARY PUBLIC |

Doc. No. \_\_\_\_;

Page No. \_\_\_\_;

Book No. \_\_\_\_;

Series of 20\_\_\_.