Category/Classification : A-3/Primary

Deadline : Monthly, within five (5) banking days from end of reference month

Submission : Email to Department of Supervisory Analytics at   
 DSA-CFXPR@bsp.gov.ph in .pdf format

**SWORN CERTIFICATION ON THE ACCURACY AND   
COMPLETENESS OF THE CONSOLIDATED NET FOREIGN   
EXCHANGE (FX) POSITION REPORTS**

<Name of Bank>

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

Pursuant to Section 98 of the Manual of Regulations on Foreign Exchange Transactions, as amended, the undersigned duly certify that the daily reports on the Consolidated Net Foreign Exchange Position of our bank during the month of \_\_\_\_\_\_\_ 20\_\_ are true and correct.

We certify further that such reports include the foreign currency position(s) of: (1) all of our branches/offices, subsidiaries or affiliates here and abroad over which our bank or our shareholders/officers directly or indirectly exercise reasonable influence or control; and (2) any Philippine entity that is engaged in FX trading or an FX corporation that is affiliated with our bank either by ownership, management control, or influence by the bank itself or its retirement fund, officers, directors, or shareholders.

[ALTERNATIVE TEXT FOR BANKS THAT DO NOT HAVE QUALIFIED SUBSIDIARIES OR AFFILIATES] We certify further that we do not have subsidiaries or affiliates whose FX positions qualify for reporting in the Consolidated Foreign Exchange Position Report.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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\_\_\_.