

State the first type of CBNI. e.g. Currency

State the currency code and amount. e.g. SGD 40,000

State the second type of CBNI. e.g. Traveller's Cheque. State currency code and amount

Fill in the name of person from whom you received CBNI

Fill in the address of person from whom you received CBNI

Part I: PERSONAL PARTICULARS

Part II: INFORMATION ON PHYSICAL CURRENCY AND BEARER NEGOTIABLE INSTRUMENTS (CBNI)

NOTE: Please complete the form legibly in **BLOCK LETTERS** (one letter per box) and use only **BLACK** or **BLUE** ink.

(Tick one)
Direction of travel Entering Singapore Leaving Singapore

Full Name in Passport (BLOCK LETTERS ONLY)

Date of Birth (DD-MM-YYYY) Gender Male Female

Passport Number

Country of Issue

Nationality

Occupation / Profession / Business Activity

Permanent Address in Singapore or Overseas

Address in Singapore (if different from above)

Country from which CBNI was moved, if applicable

Country to which CBNI is to be moved, if applicable

1. Details of CBNI

CBNI 1 (Tick one)
 Currency Traveller's Cheque Cheque
 Money Order Bill of Exchange Promissory Note
 Others:

Currency code Amount (to nearest whole number)

CBNI 2 (Tick one)
 Currency Traveller's Cheque Cheque
 Money Order Bill of Exchange Promissory Note
 Others:

Currency code Amount (to nearest whole number)

CBNI 3 (Tick one)
 Currency Traveller's Cheque Cheque
 Money Order Bill of Exchange Promissory Note
 Others:

Currency code Amount (to nearest whole number)

Please fill in and attach a separate form if you carry more than 3 types of CBNI.

2. Purpose of CBNI
(e.g. leisure, business, education)

3. Do you own the CBNI?
 Yes No

4a. Name of person from whom CBNI is received, if applicable

4b. Address of person from whom CBNI is received, if applicable

5a. Name of intended recipient of CBNI, if applicable

5b. Address of intended recipient of CBNI, if applicable

Part III: SIGNATURE

I declare that the information provided is true and correct.

SIGN HERE

Date (DD-MM-YYYY)

Part IV: FOR OFFICIAL USE ONLY

Remarks

Officer's Name / Service Number

Count Verified Yes No
Voluntary Report Yes No

Indicate whether you are entering or leaving Singapore

Fill in your name

Fill in your date of birth

Indicate your gender

Fill in your passport number

Fill in the country of issue

Fill in your nationality

Fill in your occupation

Fill in your permanent address

If your address in Singapore differs from above, fill in the address while in Singapore. (e.g. name of hotel for tourist)

Fill in the country from which CBNI was moved

Fill in the country to which CBNI is to be moved

Fill in the reason for carrying CBNI

Indicate whether you own the CBNI

Please sign here

Fill in the date

Fill in the name of person who is the intended recipient of CBNI

Fill in the address of person who is the intended recipient of CBNI