# APPLICATION FORM FOR AUTHORISZED MONEY CHANGER’S LICENCE

To,

Applicant Photo

Executive Director

Department of Foreign Exchange and Reserve Management

Thimphu

**1. APPLICANT’S PARTICULAR**

Name of Owner : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Card No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Business Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­

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E-mail Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone no. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. PRE-REQUISITE {Please tick the appropriate [√]}**

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Space requirement (8’ x 8’) Fax

Counter Phone

Computer Exchange rate board

Printer Safe box

I hereby declare that the particulars in this application are true to the best of my knowledge. I undertake to strictly abide by the terms and conditions stipulated in the Rules and Procedures of Foreign Exchange Regulations and Memorandum of Instructions (MOI). In event if any default/non compliance, the RMA may revoke the license and liable to the penalties.

Date:

Place: (Signature and Name) Seal

## FOR RMA USE ONLY

Verified and recommended for the operation of Authorized Money Changer

Date: Authorized Signatory & Seal