

Monetary instrument type 3

<input type="checkbox"/> Bill of exchange	<input type="checkbox"/> Bearer bond
<input type="checkbox"/> Cheque	<input type="checkbox"/> Traveller's cheque
<input type="checkbox"/> Promissory note	<input type="checkbox"/> Money order, postal order or similar
<input type="checkbox"/> Other	

Currency code	Amount
Issuer/drawer	
Payee/favouree/beneficiary	
Name of bearer	
City of issue	
Country of issue	
Ref number (first)	Ref number (last)

If you have more than three types of monetary instrument to declare, attach details on a separate sheet or another form.

PART C – PERSONAL DETAILS

8. Full name

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9. Residential address (not a post office box)

State
Postcode
Country (if not Australia)
Phone no

10. Do you normally reside in Australia?

Yes Go to Q.11 No Please specify your address while in Australia

State	Postcode
Phone no	

11. Occupation, business or principal activity

ABN (if any)

12. Date of birth

D	D	/	M	M	/	Y	Y	Y	Y
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13. Place of birth

Town or city
Country

OFFICE USE ONLY

Comments

14. Details of the passport or travel document that you are travelling on

Passport no
Country of issue

15. Details of any other passport or travel document that you hold (if available)

Passport no
Country of issue

16. Give details of all countries of which you are a citizen

Country 1
Country 2

PART D – CARRYING ON BEHALF OF SOMEONE?

17. Are you carrying the monetary instrument(s) on behalf of someone?

Yes Go to Q. 18 No Go to Q. 21

18. Name of the person, business or organisation

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19. Residential/business address (not a post office box)

State
Postcode
Country (if not Australia)
Phone no

20. Occupation, business or principal activity

ABN, ACN or ARBN

If you are carrying on behalf of more than one person, attach details on another sheet.

PART E – DELIVERING TO SOMEONE ELSE?

21. Are you delivering the monetary instrument(s) to someone else?

Yes Go to Q. 22 No Go to Q. 25

22. Name of the person, business or organisation

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23. Residential/business address (not a post office box)

State
Postcode
Country (if not Australia)
Phone no

24. Occupation, business or principal activity

ABN, ACN or ARBN

If you are delivering to more than one person, attach details on another sheet.

PART F – DECLARATION AND SIGNATURE

25. The information I have given in this form is true, accurate and complete. I understand criminal or civil penalties may apply for giving false or misleading information, or for failing to supply information.

Signature **SIGN HERE**

Date

D	D	/	M	M	/	2	0	Y	Y
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