Annex

FLM-8: Statement of purchases and sales of foreign currency notes

[See paragraph 16(i) of Section V of Master Direction - Money Changing Activities]

Name of the FFMC / Non-bank AD Cat-II: ______________________________

Licence No. _____________________

Month and Year of Return: ______________________________

		USD	GBP	EURO	JPY	Others (Specify)
A	Opening Balance					
B	Purchases:					
B.1	Purchases from Public					
B.2	Purchases through Franchisees / FxCs*					
B.3	Purchases from AD banks					
B.4	Purchases from other FFMCs / Non-bank ADs					
B.5	Imports					
C	Sales:					
C.1	Sales to Public					
C.2	Sales through FxCs*					
C.3	Sales to AD banks					
C.4	Sales to other FFMCs / Non-bank ADs					
C.5	Exports					
D	Foreign Currency Notes Written-off					
E	Closing Balance					

* Not applicable to FFMCs

Purpose-code-wise Purchases / Sales to Public during the month:

Purpose Code	Purpose Description	Currency	Amount

List of Forex Correspondents (FxCs) appointed by Principal ADs

[See Regulation 14(b) of Foreign Exchange Management (Authorised Persons) Regulations, 2026]

Name of the Principal AD: ____________________________

Quarter ended: ____________________________

#	Name of the FxC	Address of FxC outlet#	City	State	PIN Code	Date of Appointment as FxC as per the agreement	Foreign exchange facilities available at the FxC outlet
1							
2							
3							

In case an FxC operates through multiple outlets, the address of each outlet may be furnished in separate rows.

<u>List of Franchisees appointed by Authorised Persons</u>

[See paragraph 3(ii) of A.P. (DIR Series) Circular No.17 dated June 24, 2026]

Name of the Authorised Person: ____________________________

Quarter ended: ____________________________

#	Name of Franchisee	Address of the Franchisee	City	State	PIN Code	Date of Appointment as Franchisee as per the agreement
1						
2						
3						

Fit and Proper criteria

[See Regulation 8(6)(c) of Foreign Exchange Management (Authorised Persons) Regulations, 2026]

Name of the Entity: ______________________________________

Sr No.	Particulars	Information
A. Personal details		
1.	Full name	
2.	Designation	
3.	Present address	
4.	Permanent address	
5.	E-mail address	
6.	Nationality	
7.	Director Identification Number (DIN), if available	
8.	Permanent Account Number (PAN)	
9.	Passport Number	
10.	Educational qualifications	
11.	Details of Work Experience till date	
12.	Details of civil or criminal prosecution, if any, resulted in conviction in the past or currently pending. Details of restraint orders from a court of law, if any.	
13.	Disqualifications under the Companies Act, 2013 or other applicable corporate law, sanctions imposed by a regulatory body, refusal of admission to or expulsion from a professional body, if any.	
14.	Details of DoE investigation initiated / pending, if any.	
15.	Details of any defaults, write-offs, or settlements with banks/FIs.	
16.	Details of insolvency/bankruptcy proceedings, if any, in the past or currently pending.	
17.	Whether associated with any other Authorised Person? If yes, provide name of the Authorised Person, nature of association (e.g., KMP, Promoter, Director, etc.), percentage of shareholding.	
18.	Whether associated with any entity whose authorisation was cancelled / surrendered or application for grant of authorisation has been rejected by RBI? If yes, details thereof.	
B. Relevant Relationships of the Promoter / Director / KMP		
19.	Details of relative, *[Refer Section 2(77) of the Companies Act, 2013 and Rule 4 of the Companies (Specification of Definition) Rules, 2014]* if any, who is or has been in the past, connected with any Authorised	

	Person (including entities whose Authorisation has now been surrendered / revoked).	
20.	Details of any business, financial, employment or other interests, positions or relationships that may give rise to a potential conflict of interest in the discharge of your duties as Director/KMP.	

Undertaking

I confirm that the above information is to the best of my knowledge and belief, true and complete. I undertake to keep the Reserve Bank of India fully informed, as soon as possible, of any events or changes relevant to the information provided above, from the date of this declaration.

Signature:	Place: Date:

Certified that the above declaration has been verified by the entity based on available records, information and due diligence, and is found to be true, complete and correct.

Signature: Name: Designation: (*Authorised Signatory*)	Place: Date: