



## Currency Declaration (Forms) Regulations 2017

His Excellency, Tom Marsters

Queen's Representative

### Order in Executive Council

At Avarua, Rarotonga this

1<sup>st</sup>

day of

December,

2017

Present:

### His Excellency the Queen's Representative in Executive Council

Pursuant to section 7 and 31 of the Currency Declaration Act 2015-16, His Excellency the Queen's Representative, acting on the advice and with the consent of the Executive Council, makes the following regulations—

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### Regulations

- Title**  
These regulations are the Currency Declaration (Forms) Regulations 2017.
- Commencement**  
These regulations come into force on the day after the date on which they receive assent.
- Forms**  
For the purposes of section 7(1) of the Act the prescribed form is set out in the Schedule.

**Currency Declaration (Forms) Regulations 2017**

Regulation 3

**Schedule  
Forms**



**BORDER  
CURRENCY  
REPORT (BCR)**

Please complete in **INK**  
and in **CAPITAL LETTERS**

You must complete this declaration if you are carrying currency into or out of the Cook Islands, receiving in to or sending currency out of the Cook Islands.

*Currency* means cash, bearer negotiable instruments, jewelry, precious metals, precious stones (including pearls) and collector's coins and stamps to a value of \$10,000 NZD or more

Please complete all appropriate fields

**PART A - DETAILS OF CURRENCY DECLARATION**

**1 Are you carrying currency:**  
 In to Cook Islands       Out of Cook Islands   
 Or are you:  
 Receiving Currency in to Cook Islands       Sending currency out of Cook Islands

**2 Date of declaration:**  

DAY	MONTH	YEAR			

**3 Place of arrival/departure:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**4 Flight number or name of ship:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART B - DETAILS OF PERSON DECLARING CURRENCY**

**5 Full name of person declaring currency**  
 Title: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Given names: \_\_\_\_\_  
 Also known as: \_\_\_\_\_

<b>6 Date of birth:</b> Day/Month/Year _____	<b>7 Country of birth:</b> _____
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**8 Passport Number (or other identification number):**  
 (or other travel document number and type)  
 \_\_\_\_\_

<b>9 Country of issue:</b> _____	<b>Date of expiry:</b> _____
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**11 Occupation, business, or principal activity:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**12 Business address (physical and PO Box)**  
 \_\_\_\_\_ PO Box: \_\_\_\_\_  
 \_\_\_\_\_  
 Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**13 Are you a Cook Islands resident?**  
 Yes (go to 18)       No (go to 14)

**14 Permanent Physical Address abroad:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

**15 If not a resident - purpose of your visit:**  
 Vacation       Business  
 Employment       Conference  
 Visiting friends/relatives  
 Other (specific): \_\_\_\_\_

**16 Address in the Cook Islands:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

**17 Details of Currency:**  
 Type(s) of currency: \_\_\_\_\_  
 \_\_\_\_\_  
 Total Value in \$NZD: \_\_\_\_\_  
 \_\_\_\_\_  
 Overseas Country from or to: \_\_\_\_\_  
 Source of currency: \_\_\_\_\_  
 Purpose of currency: \_\_\_\_\_



## Currency Declaration (Forms) Regulations 2017

**18 Details of Bearer Negotiable Instrument:**

Is type of currency a Bearer Negotiable Instrument (BNI)?

Yes  No (go to 19)

If yes, complete following:

Type of BNI: \_\_\_\_\_

Issuer or Drawer: \_\_\_\_\_

Payee or Beneficiary: \_\_\_\_\_

**19 Are you carrying currency on your own behalf ?**

Yes (go to 26)  No (go to 20)

**PART C - IF NOT FOR YOURSELF, ON WHOSE BEHALF**

**20 What is the full name of the person, business or organisation on whose behalf you are acting?**

\_\_\_\_\_

**21 Business/residential address of this person, business, or organisation (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**22 Occupation, business or principal activity of this person, business or organization:**

\_\_\_\_\_

**PART D - IF NOT FOR YOURSELF, TO WHOM ARE YOU DELIVERING THE CURRENCY?**

**23 What is the full name of the person, business or organisation to whom the currency is being delivered?**

\_\_\_\_\_

**24 Business/residential address of this person, business, or organisation (physical and PO Box)**

\_\_\_\_\_ PO Box: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

**25 Occupation, business or principal activity of this person, business or organisation**

\_\_\_\_\_

**PART E - DECLARATION**

**26 I confirm that the information contained in this form is true and correct to the best of my knowledge.**

Signature of authorised person: \_\_\_\_\_

Date:

DAY MONTH YEAR

Under section 29 of the Act, a person who commits any of those offences is liable on conviction:-

- in the case of an individual, to a fine not exceeding NZ\$20,000 or to imprisonment for a term not exceeding 2 years, or both; or
- in any other case, to a fine not exceeding NZ\$30,000.

<b>Send completed forms to:</b>	<b>For assistance contact:</b>
Head of FIU PO Box 3219 Rarotonga COOK ISLANDS	Financial Intelligence Unit Phone: (+682)29182 Fax: (+682)29183 email: intel@cifu.gov.ck

**COOK ISLANDS CUSTOMS / IMMIGRATION USE ONLY**

<p><b>1 Verify:</b></p> <table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Name:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Date of birth:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Country of birth:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Passport Number:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>2 Currency verified:</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>3 Additional forms:</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>4 Officers name:</b></td> <td colspan="2">_____</td> </tr> <tr> <td><b>5 Name and type of Port</b> - (eg Airport, Avatiu Harbour)</td> <td colspan="2">_____</td> </tr> </table>		Yes	No	Name:	<input type="checkbox"/>	<input type="checkbox"/>	Date of birth:	<input type="checkbox"/>	<input type="checkbox"/>	Country of birth:	<input type="checkbox"/>	<input type="checkbox"/>	Passport Number:	<input type="checkbox"/>	<input type="checkbox"/>	<b>2 Currency verified:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3 Additional forms:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>4 Officers name:</b>	_____		<b>5 Name and type of Port</b> - (eg Airport, Avatiu Harbour)	_____		<p><b>6 Date:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">DAY MONTH YEAR</p> <p><b>Comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	Yes	No																										
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**Clerk of the Executive Council**

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These regulations are administered by the Financial Supervisory Commission.  
These regulations were made on the 19<sup>th</sup> day of December 2017.

