Appendix 1

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application Form for Termination of Foreign Exchange Business | | | | | | | | | | |
| **Date of filing:Filing No.** | | | | | | | | | | |
| Name of filing organization |  | | | | | | | | | |
| Address |  | | | | | | | | | |
| Organization Code |  | | | | | | Date of establishment | |  | |
| Code of insurance business license |  | | | | | | Approving authority | |  | |
| Date of termination of foreign exchange business |  | | | | | | | | | |
| Reasons for termination of foreign exchange business |  | | | | | | | | | |
| Durative business after termination of foreign exchange business and disposal plan | (Attachment for more details is acceptable.) | | | | | | | | | |
| Contact |  | | | Name | | Department | | Post | | Tel |
| Principal | | |  | |  | |  | |  |
| Staff of Foreign Exchange Compliance Management | | |  | |  | |  | |  |
| Declaration: We hereby declare that the above information is accurate and we will undertake the legal liabilities for any inaccuracy. | | | | | | | | | | |
|  | | | | | Seal of filing organization | | | | | |
|  | | | | | Date: | | | | | |
| The original approval document (S/N: ) shall become invalid on (DD/MM/YY). | | | | | | | | | | |
| Signature/seal of foreign exchange authority | | | | | | | | | | |
| DD/MM/YY | | | | | | | | | | |
|  | |  | Prepared by: Approved by: | | | | | | | |

Notes:1. This filing form is made in duplicate, with one copy for the insurance institution, and the other for the foreign exchange authority. The filing date and number shall be filled in by the foreign exchange authority, and the filing date shall be the date of receipt of filing form by the foreign exchange authority. 2. The filing number shall be an 8-digit number; with the first four being the number of the current year, e.g., 2014, and the last four, the serial number, e.g., 0001.