Name of	Reporting	Entity:
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ID Number:

As of date:

QUARTERLY REPORT TO THE FEDERAL RESERVE BANK

PART I - LIABILITIES TO, AND CLAIMS ON, FOREIGNERS OF REPORTING BANK, BROKER OR DEALER PART II - DOMESTIC CUSTOMERS' CLAIMS ON FOREIGNERS HELD BY REPORTING BANK, BROKER OR DEALER DENOMINATED IN FOREIGN CURRENCIES

International Capital Form BQ-2 DEPARTMENT OF THE TREASURY Office of the Assistant Secretary for International Affairs

> Revised January 2001 Form Approved OMB Control No. 1505-0020

No person is required to respond to any U.S. Government collection of information unless the form displays a currently valid control number assigned by the Office of Management and Budget (OMB).

Legal basis and confidentiality statement:

This report is required by law (22 U.S.C. 286f; 22 U.S.C. 3103; E.O. 10033; 31 C.F.R. 128.1 (a)). Failure to report can result in a civil penalty of not less than \$2,500 and not more than \$25,000. Willful failure to report can result in criminal prosecution and upon conviction a fine of not more than \$10,000; and, if an individual, imprisonment for not more than one year, or both. Any officer, director, employee, or agent of any corporation who knowingly participates in such violation may, upon conviction, be punished by a like fine, imprisonment, or both (22 U.S.C. 3105 (a) and (b); 31 C.F.R. 128.4 (a) and (b)).

Data reported on this form will be held in confidence by the Department of the Treasury, the Board of Governors of the Federal Reserve System, and the Federal Reserve Banks acting as fiscal agents for the Treasury. The data reported by individual respondents will not be published or otherwise publicly disclosed; information may be given to other Federal agencies, insofar as authorized by applicable law (44 U.S.C. 3501 *et seq.*; 22 U.S.C. 3101 *et seq.*). Aggregate data derived from reports on this form may be published or otherwise disclosed only in a manner that will not reveal the amounts reported by any individual respondent.

Important notes:

- Before preparing this report, please read the General and Specific Instructions carefully.
- This report is due no later than the twentieth calendar day following the last day of the month.
- Amounts should be reported in millions of dollars as of the close of the last business day of the month.
- Additional copies of this form, the instructions, and the answers to Frequently Asked Questions can be obtained at the following web site:

www.ustreas.gov/tic/

Please type or print:

Name of contact if we have questions:

Contact's phone number:

Name and Title of Officer Authorized to Sign Report

Please read carefully and sign below:

(Signature of Officer Authorized to Sign Report) of the reporting institution do hereby declare that the Treasury International Capital BQ-2 report for this report date has been prepared in conformance with the instructions and is true to the best of my knowledge and belief. Name of Reporting Entity:_____

ID Number: _____ As of Date: _____

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Foreign Countries		Part I. Reporter's Own Liabilities and Claims			Part II. Claims of Reporter's Domestic Customers		
			Claims on Foreigners				TOTAL Of Columns 1-5
	CODE	Liabilities to Foreigners 1	Deposits 2	Other Claims 3	Deposits 4	Other Claims 5	(For Arithmetic Check Only) 6
EUROPE		millions	millions	millions	millions	millions	millions
Austria	1018-9						
Belgium	1025-1						
Bulgaria	1520-2						
Czech Republic	1528-8					-	
Denmark	1050-2					-	
European Central Bank	1350-1						
Finland	1070-7						
France	1080-4						
Germany	1100-2						
Greece	1120-7						
Hungary	1550-4						
Ireland	1140-1						
Italy	1150-9						
Luxembourg	1170-3						
Netherlands	1210-6						
Norway	1220-3						
Poland	1576-8						
Portugal	1231-9						
Romania	1580-6						
Russia	1610-1						
Spain	1250-5						
Sweden	1260-2				Ì		
Switzerland	1268-8					1	
Turkey	1280-7					1	
United Kingdom	1300-5					1	1
Channel Islands & Isle of Man	1305-6						
Yugoslavia	1321-8					1	
Other Europe	1800-7	ł				1	1
TOTAL EUROPE	1999-2					<u> </u>	
	1777-2						

Name o	f Reporting	Entity:
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3240-9

3359-6

3440-1

Trinidad and Tobago Other Caribbean

TOTAL CARIBBEAN

ID Number: _____ As of Date: _____

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		Part I. Rep	oorter's Own Liabilities and	l Claims	Part II. Claims of Report	er's Domestic Customers	
Foreign Countries Code			Claims on Foreigners				TOTAL
	CODE	Liabilities to Foreigners 1	Deposits 2	Other Claims 3	Deposits 4	Other Claims 5	<u>TOTAL</u> Of Columns 1-5 (For Arithmetic Check Only) 6
_		millions	millions	millions	millions	millions	millions
Canada	2999-8						
LATIN AMERICA							
Argentina	3010-4						
Brazil	3030-9						
Chile	3040-6						
Colombia	3050-3						
Ecuador	3100-3						
Guatemala	3120-8						
Mexico	3170-4						
Panama	3188-7						
Peru	3220-4						
Uruguay	3260-3						
Venezuela	3271-9						
Other Latin America	3910-1						
TOTAL LATIN AMERICA	3994-2						
					•		•
-				ſ			
<mark>Caribbean</mark> Bahamas	3531-9						
Bermuda	3531-9						
Cayman Islands	3613-7						
Cuba	3070-8						
Jamaica	3160-7						
Netherlands Antilles	3720-6						
Nethenalius Antilies	3720-0						ļ

Name of Reporting Entity:_____

ID Number: _____ As of Date: _____

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		Part I. Reporter's Own Liabilities and Claims		Claims	Part II. Claims of Reporter's Domestic Customers		
Foreign Countries	Γ		Claims on F	oreigners			<u>TOTAL</u> Of Columns 1-5
	CODE	Liabilities to Foreigners 1	Deposits 2	Other Claims 3	Deposits 4	Other Claims 5	Of Columns 1-5 (For Arithmetic Check Only) 6
Asia		millions	millions	millions	millions	millions	millions
Bahrain	4070-3						
China							
Mainland	4140-8						
Taiwan	4630-2						
Hong Kong	4200-5						
India	4210-2						
Indonesia	4221-8						
Iran	4230-7						
Iraq	4240-4						
Israel	4250-1						
Japan	4260-9						
Korea	4300-1						
Kuwait	4310-9						
Lebanon	4341-9						
Malaysia	4360-5						
Oman	4410-5						
Pakistan	4470-9						
Philippines	4480-6						
Qatar	4510-1						
Saudi Arabia	4560-8						
Singapore	4601-9						
Syria	4620-5						
Thailand	4641-8						
United Arab Emirates							
(Trucial States)	4660-4						
Other Asia	4890-9						
Total Asia	4999-9						

AFRICA				
Africa Algeria	5010-5			
Congo (Kinshasa)	5170-5			
Egypt	5700-2			
Gabon	5241-8			
Ghana	5260-4			

Name of Reporting Entity:_____

ID Number:

As of Date: _____

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		Part I. Rep	oorter's Own Liabilities and	Claims	Part II. Claims of Report	er's Domestic Customers	
Foreign Countries	F		Claims on	Foreigners			<u>TOTAL</u> Of Columns 1-5
	CODE	Liabilities to Foreigners	Deposits 2	Other Claims	Deposits 4	Other Claims 5	(For Arithmetic Check Only) 6
	0002	millions	millions	millions	millions	millions	millions
Liberia	5320-1						
Libya	5330-9						
Могоссо	5400-3						
Nigeria	5430-5						
South Africa	5571-9						
Other Africa	5890-4						
TOTAL AFRICA	5999-4						
OTHER COUNTRIES							
Australia	6008-9						
New Zealand	6168-9						
All Other	6390-8						
TOTAL OTHER COUNTRIES	6990-6						
International and Regional Org	S						
International	7290-7						
European	7390-3						
Latin American	7491-8						
Caribbean	7494-2						
Asian	7590-6						
African	7690-2						
Middle Eastern	7790-9						
Total Int'l and Regional Orgs	7999-5						
GRAND TOTAL	9999-6						
OF WHICH:							
TOTAL IBF LIABILITIES/ASSETS	8300-3						
DENOMINATED IN CANADIAN DOLLA	RS 8500-1						
DENOMINATED IN EUROS	8500-2						
DENOMINATED IN STERLING	8500-3						
DENOMINATED IN YEN	8500-4						
MEMORANDUM ITEM:							
ASSETS WRITTEN OFF							
THIS REPORTING PERIOD	8200-9						
(Please summarize by country and column on a separate statement)							