



Da Afghanistan Bank
Financial Supervision Department

Form Name: E-Money Transactions Report

EMI Name:

Currency: Afghani

Date/Period:

Frequency: **Monthly**

No.	Items	Total	Line Code
1	Beginning Balance		1
2	Cash-in		2
3	Payments		3
4	Transfers		4
5	Cash-out		5
6	Net (Inflows/Outflows)		6
7	End-of-month Balance		7

Head of Finance:

Signature and Date

Responsible Person:

Signature and Date