

Please type or print:

Name of Reporting Institution:

ID Number:

As of date:

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:

I, _____,
(Signature of Officer Authorized to Sign Report)
of the reporting institution do hereby declare that the Treasury International Capital CQ-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.

QUARTERLY REPORT TO FEDERAL RESERVE BANK OF NEW YORK

**REPORT OF COMMERCIAL LIABILITIES TO, AND
COMMERCIAL CLAIMS ON, UNAFFILIATED
FOREIGN RESIDENTS**

Legal basis and confidentiality statement:

This report is required by law (22 U.S.C. 286f; 22 U.S.C. 3103; E.O. 10033, as amended; 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 The data reported by individual respondents will not be published or otherwise publicly disclosed; information may be given to other Federal agencies, insofar as authorized by applicable law (44 U.S.C. 3501 *et seq.*; 22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 does not specifically identify any individual respondent.

Note: 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).

FORM CQ-2

DEPARTMENT OF THE TREASURY
Office of the Assistant Secretary for
International Affairs

Revised March 2003
Form Approved
OMB Control No. 1505-0024

Important notes:

- Before preparing this report, please read the instructions carefully.
- Additional copies of this form and the instructions for preparing the form can be obtained at the following web site:
www.ustreas.gov/tic/forms.html
- This report should be filed no later than forty-five calendar days following the as-of date.
- Amounts should be reported in millions of dollars as of the close of the last business day of the quarter.

Name of Reporting Entity: _____

ID Number: _____

As of Date: _____

FOREIGN COUNTRIES CODE	Part 1 – Commercial Liabilities to Unaffiliated Foreigners		Part 2 – Commercial Claims on Unaffiliated Foreigners		Total of Columns 1 – 4 (for arithmetic check only) 5
	Trade Payables 1	Advance Receipts And Other Liabilities 2	Trade Receivables 3	Advance Payments And Other Claims 4	
	Millions	Millions	Millions	Millions	Millions

EUROPE					
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				
Switzerland	1268-8				
Turkey	1280-7				
United Kingdom	1300-5				
Channel Islds & Isle of Man	1305-6				
Yugoslavia	1321-8				
Other Europe	1800-7				
TOTAL EUROPE	1999-2				

Name of Reporting Entity: _____

ID Number: _____

As of Date: _____

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FOREIGN COUNTRIES CODE	Part 1 – Commercial Liabilities to Unaffiliated Foreigners		Part 2 – Commercial Claims on Unaffiliated Foreigners		Total of Columns 1 – 4 (for arithmetic check only) 5
	Trade Payables 1	Advance Receipts And Other Liabilities 2	Trade Receivables 3	Advance Payments And Other Claims 4	

Millions

Millions

Millions

Millions

Millions

CANADA	2999-8				
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<u>LATIN AMERICA</u>					
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				

<u>CARIBBEAN</u>					
Bahamas	3531-9				
Bermuda	3560-2				
Cayman Islands	3613-7				
Cuba	3070-8				
Jamaica	3160-7				
Netherlands Antilles	3720-6				
Trinidad and Tobago	3240-9				
Other Caribbean	3359-6				
TOTAL CARIBBEAN	3440-1				

Name of Reporting Entity: _____

ID Number: _____

As of Date: _____

TIC Form CQ-2 Page 4 of 6

FOREIGN COUNTRIES CODE	Part 1 – Commercial Liabilities to Unaffiliated Foreigners		Part 2 – Commercial Claims on Unaffiliated Foreigners		Total of Columns 1 – 4 (for arithmetic check only) 5
	Trade Payables 1	Advance Receipts And Other Liabilities 2	Trade Receivables 3	Advance Payments And Other Claims 4	
	Millions	Millions	Millions	Millions	Millions

ASIA					
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				

Name of Reporting Entity: _____

ID Number: _____

As of Date: _____

TIC Form CQ-2 Page 5 of 6

FOREIGN COUNTRIES CODE	Part 1 – Commercial Liabilities to Unaffiliated Foreigners		Part 2 – Commercial Claims on Unaffiliated Foreigners		Total of Columns 1 – 4 (for arithmetic check only) 5
	Trade Payables 1	Advance Receipts And Other Liabilities 2	Trade Receivables 3	Advance Payments And Other Claims 4	
	Millions	Millions	Millions	Millions	Millions

AFRICA					
Algeria 5010-5					
Congo (Kinshasa) 5170-5					
Egypt 5700-2					
Gabon 5241-8					
Ghana 5260-4					
Liberia 5320-1					
Libya 5330-9					
Morocco 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					

Int'l & Regional Organizations					
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					
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ID Number: _____

As of Date: _____

TIC Form CQ-2 Page 6 of 6

FOREIGN COUNTRIES CODE	Part 1 – Commercial Liabilities to Unaffiliated Foreigners		Part 2 – Commercial Claims on Unaffiliated Foreigners		Total of Columns 1 – 4 (for arithmetic check only) 5
	Trade Payables 1	Advance Receipts And Other Liabilities 2	Trade Receivables 3	Advance Payments And Other Claims 4	
	Millions	Millions	Millions	Millions	Millions

Memorandum Items:

ASSETS WRITTEN OFF THIS QUARTER (Please summarize by country and column in a separate statement)	8200-9					
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Foreign Currency Items:

DENOMINATED IN CANADIAN DOLLARS	8500-1				
DENOMINATED IN EUROS	8500-2				
DENOMINATED IN STERLING	8500-3				
DENOMINATED IN YEN	8500-4				
DENOMINATED IN ALL OTHER FOREIGN CURRENCIES	8500-6				

Remaining Maturities: (Complete only if reportable liabilities are \$200 million or more)

ARREARS	8020-9				
NON-INTEREST PAYING ITEMS WITHOUT A FIXED MATURITY	8030-6				
OTHER ITEMS WITHOUT A FIXED MATURITY	8040-3				
OTHER, 90 DAYS OR LESS	8051-9				
OVER 90 DAYS TO 180 DAYS	8052-7				
OVER 180 DAYS TO 270 DAYS	8053-5				
OVER 270 DAYS TO 1 YEAR	8054-3				
OVER 1 YEAR TO 2 YEARS	8055-1				
OVER 2 YEARS	8057-8				