

MAP
(Paragraph 5B.1(iii)]

STATEMENT REGARDING MATURITY AND POSITION (MAP) FOR THE MONTH OF _____

	Upto 1 month	1 to 2 months	2 to 3 months	3 to 4 months	4 to 5 months	5 to 6 months	6 months to 1 year	1 year to 2 years	More than 2 years	Total
	1	2	3	4	5	6	7	8	9	10
A. Off balance sheet items										
a) Items in the nature of liabilities										
(i) Merchant Sales										
(ii) Interbank Sales										
(iii) Overseas Sales										
(iv) Sales to RBI										
(v) Currency Swaps -Sales against INR Cross Currency										
(vi) Others										
Total (To be indicated with a minus (-) sign)										
b) Items in the nature of assets										
(i) Merchant Purchases										
(ii) Inter-bank Purchases										
(iii) Overseas Purchases										
(iv) Purchases from RBI										
(v) Currency Swaps- Purchases against INR Cross Currency										
(vi) Others										
Total: [To be indicated with a plus (+) sign]										

contd. on pg. 2

MAP (contd.)

	1	2	3	4	5	6	7	8	9	10
B. Off Balance Sheet Gap:										
A { (a) - (b) }										
C. Balance Sheet items										
(a) Liabilities										
(i) FCNR(B)										
(ii) EEFC										
(iii) RFC										
(iv) Overdrafts in Nostro A/c.										
(v) Inter-bank/borrowings										
(vi) LOC/BAF										
Total liabilities										
[To be indicated with a minus (-) sign]										
(b) Assets										
(i) Nostro Balances										
(Cash & Bank Balances)										
(ii) Short Term Investments										
(iii) Loans:										
PCFC										
FCNR(B) Loans										
Bills Discounted										
Others										
(iv) Inter-bank Lendings										
(v) Others										
Total Assets										
[To be indicated with a plus (+) sign.]										

contd. on pg. 3

MAP (contd.)

	1	2	3	4	5	6	7	8	9	10
D. Balance Sheet Gap:										
C { (a) - (b) }										
E. Residual Gap:										
[Difference between off-balance Sheet gap(B) and balance sheet gap (D)]										

Forwarded to the Chief General Manger, Exchange Control Department, Reserve Bank of India, Central Office (Forex Markets Division), Mumbai 4000 001.

Place:

Stamp

Date:

Signature of the authorised official

Name: _____
Designation _____
A.D. Code _____
Address of _____
Authorised
Dealer _____