### Statement Regarding Maturity and Position (MAP) for the Month of ____________

**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]

<table>
<thead>
<tr>
<th></th>
<th>Upto 1 month</th>
<th>1 to 2 months</th>
<th>2 to 3 months</th>
<th>3 to 4 months</th>
<th>4 to 5 months</th>
<th>5 to 6 months</th>
<th>6 months to 1 year</th>
<th>1 year to 2 years</th>
<th>More than 2 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>
## B. Off Balance Sheet Gap:

\[ A \{ (a) - (b) \} \]

### C. Balance Sheet items

#### (a) Liabilities

(i) FCNR(B)
(ii) EEFCC
(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.]
D. Balance Sheet Gap:

\[ C \{ (a) - (b) \} \]

E. Residual Gap:

\[ \text{Difference between off-balance Sheet gap(B) and balance sheet gap(D)} \]

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Place: ___________________________ Signature of the authorised official ___________________________

Date: ___________________________ Name: ___________________________

Designation ___________________________ A.D. Code ___________________________

Address of ___________________________ Authorised Dealer ___________________________

Authorized Dealer ___________________________