

# WEEKLY CONSOLIDATED FOREIGN CURRENCY REPORT OF MAJOR MARKET PARTICIPANTS

Report to the Federal Reserve Bank of \_\_\_\_\_

(Amounts outstanding in millions of currency units as of the close of business on Wednesday)

| Name of Reporting Institution |
|-------------------------------|
|                               |

| Date         |
|--------------|
| <i>As of</i> |

**This report is required by law (31 U.S.C. 5315, C.F.R. 128, Subpart C). Failure to report can result in a civil penalty up to \$10,000 (31 U.S.C. 5321(a)(3), 31 C.F.R. 128.4 (C)).**

Check one box → Fully consolidated:  or Partially (per Section C.2 of General Instructions):

| Categories   | (1)<br>U.S.<br>DOLLARS | (2)<br>EUROS | (3)<br>SWISS<br>FRANCS | (4)<br>U.K.<br>POUNDS | (5)<br>JAPANESE<br>YEN | (6)<br>CANADIAN<br>DOLLARS |
|--|------------------------|--------------|------------------------|-----------------------|------------------------|----------------------------|
| (1) Foreign exchange spot, forward, and futures purchased          |                        |              |                        |                       |                        |                            |
| (2) Foreign exchange spot, forward, and futures sold               |                        |              |                        |                       |                        |                            |
| (3) Net options position<br>Delta equiv. Value,<br>long or (short) |                        |              |                        |                       |                        |                            |
| (4) Net Reported Dealing<br>Position, long or<br>(short)           |                        |              |                        |                       |                        |                            |

|  |                               |
|--|-------------------------------|
| Name of Officer (please print or type):            | (Area code) telephone number: |
| Title of Officer:                                  | Email address:                |
| Signature of Officer:<br>_____                     |                               |
| Name of primary contact (if different than above): |                               |
| Email address:                                     | (Area code) telephone number: |

**Please read all of the instructions carefully before completing this report.**