

**Board of Governors of the Federal Reserve System**



# Report of Foreign (Non-U.S.) Currency Deposits—FR 2915

**(Non-U.S. currency-denominated deposits held at U.S. offices of the depository institution, converted to U.S. dollars, and included in the FR 2900)**

**Averages as of the 7-day reporting week ended Monday,** \_\_\_\_\_  
 Month / Day / Year

This report is required by law (12 U.S.C. §§ 248(a)(2) and 347d). The Federal Reserve System regards the information provided by each respondent as confidential. If it should be determined subsequently that any information collected on this form must be released, respondents will be notified.

The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Check this box if your institution had *no* foreign (non-U.S.) currency-denominated deposits at your U.S. offices *on every day* of the reporting week, then sign the report and return it to the Federal Reserve Bank designated below. Otherwise, please complete the entire report.

	U.S. Dollar Amounts in Thousands				
	For FRB Use Only	Weekly (7-Day) Average			
	FCDQ	Bil	Mil	Thou	
1. Total transaction accounts (included in FR 2900 Item A.3) .....	2215				1.
2. Cash items in process of collection (included in FR 2900 Item B.2) .....	0020				2.
3. Total savings and time deposits (included in FR 2900 Items C.1 and D.1) .....	3682				3.
<b>Memoranda</b>					
4. Demand deposits due to depository institutions (included in Item 1 above) (also included in FR 2900 Item A.1.a) .....	2698				4.
5. Time and savings deposits due to depository institutions (included in Item 3 above) .....	3683				5.
6. All time deposits with balances of \$100,000 or more (included in Item 3 above) (also included in FR 2900 Item F.1) .....	2604				6.

Name and address of reporting institution:

I certify that the information shown on this report is correct.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Person to be Contacted Concerning this Report

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Area Code / Phone Number