

p:

## SUBSCRIPTION FORM FOR FEDERAL GOVERNMENT OF NIGERIA SAVINGS BOND (FGNSB)

Applications must be made in accordance with the instructions set out on the back of this application form. Care must be taken to follow these instructions as applications that do not comply with the instructions may be rejected. If you are in any doubt, please consult your Stockbroker, Banker, Solicitor, or any professional adviser for guidance.

uide to Applications inimum Value: ¥5,000.00	Month of Offer:	VVV	_ I -	- !! (	
· · · · · · · · · · · · · · · · · · ·		Month of Offer: M M Y Y Y Y		E-allotment Details	
ultiple therefore: \(\frac{4}{1}\),000.00 aximum Value: \(\frac{4}{5}\),000,000.00	Value of Bonds Applied for ₩		Applicant's CSCS A/C No.  Applicant's CHN No.		
nount in Words:				C	
1. Individual Applicants (to be completed in block letters)  Full Name (Surname first)			2. Joint Applicants (to be completed in block letters)  Full Name (Surname first)		
(State titles if any e.	g. Mr., Mrs., Miss)				
cupation:		Occupati	•	tate titles if any e.g. Mr., Mrs., Miss)	
Phone No:         8 0 3 x x x x x x		•	Occupation: Phone No:		
ct of Kin:		Next of K	(in:		
dress:		. Address:			
		•			
Lacoport To.					
nail Address:					
ne of Bank:		Bank Accou	ınt No	(For interest payment purpose)	
Account No (For interest payme	BVN	] Usual Sig	nature:	Date:	
ıal Signature:	,	Residenc	cy classificatio	on of Applicant (tick the Appropriate box)	
idency classification of Applicant (tic		Resident		Non-Resident on of Applicant must be indicated)	
	n-Resident	(110010011			
	•				
orporate Applicants (to be complet	•		С	Thumb print of illiterate applicant	
pany's Name:					
of Business:	R/C No:				
988:					
			Witness:		
port No:	ne No:		Ihave give detailed explanation to this applicant in the language understood by him and consequently the applicant has a cle		
act Person: Phone					
ature: Sign	nature:		understanding of the transaction he has entered into.		
e of Bank:					
Bank Account No			Signature:		
(For interest payment purpose)  Investor Category of Applicant (tick the appropriate Box) Individual  Insurance  Corporate  Others			D DISTRIBUTION AGENTS		
		hore	NAME OF DISTRIBUTION AGENT:		
	•			SO TRIBUTION AGENT	
	-1-11414-41 Co anavativa C		1		
eign Investor Non-Bank Finan	cial Institution Co-operative S	ociety			
eign Investor Non-Bank Finan	cial Institution Co-operative S  Scheme Micro Finance Ba		STOCKBRO	OKER CODE:	

Please affix company seal and RC Number **ARM SECURITIES LIMITED** RC: 125242



## INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

- 1. Applications must be made only on the official form as prescribed by the Debt Management Office.
- 2. Applications must be for a minimum of N5,000.00 and thereafter, in multiples of N1,000.00, but subject to a maximum of N50,000.00 million. The value of the bonds applied for should be entered in the appropriate box.
- 3. The Application Form, when completed, should be lodged with a Distribution Agent. Applications must be accompanied by full payment for the amount applied for, which must be paid to the Stockbroker/Distribution Agent at the time of submission. Payment may be in any form acceptable to the Distribution Agent.
- 4. Applicants should note that **No Charges or Fees would be paid by investors**.
- 5. For the purpose of this application, residency classification refers to the country where the Applicant(s) permanently resides as at the time of filling the Application Form, Applicant(s) must indicate his/their residency classification in the appropriate box provided.
- 6. For joint applications, information on the Applicants should be provided in the appropriate boxes. However, all correspondence will be addressed to the first named Applicant.
- 7. An application by a firm, which is not registered under the Companies and Allied Matters Act, should be made either in the name of the proprietor or in the names of the individual partners. In neither case should the name of the firm be mentioned.
- 8. An application from a corporation must bear the corporate body's seal and be signed in accordance with the company's signature mandate by duly authorized officials. A corporate stamp may be used where the corporate seal is not available.
- 9. An application by an illiterate person should bear his right thumb print on the Subscription Form and be witnessed by an official of the Stockbroking firm or Receiving Agent at which the application is lodged, who must first have explained the meaning and effect of the application to the illiterate person in his own language. The witness should indicate his name and signature in the appropriate box.
- 10. The applicant should not print his signature. If he is unable to sign in the normal manner he should be treated for the purpose of this offer as an illiterate and his right thumb should be clearly impressed on the Subscription Form.

FEDERAL GOVERNMENT OF NIGERIA (FGN) SAVINGS BOND APPLICATION FOR SUSCRIPTION FORM