



SUBSCRIPTION FORM FOR ₦100 BILLION SUKUK ISSUANCE ON BEHALF OF THE FEDERAL GOVERNMENT OF NIGERIA

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. Please consult your Financial or Legal Advisers for guidance before completing this Form.

In response to the advertisement in both print and electronic media, I/We hereby offer mv/our subscription for FGN Sukuk

A	Guide to Applications Minimum Value: ₦10,000.00 Multiples thereafter: ₦1,000.00	Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	E-allotment Details Applicant's S4/Custodian A/C No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Applicant's CSCS A/C No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Applicant's Clearing House No. (CHN) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																														
D	D	M	M	Y	Y	Y	Y																																		
B	Amount in Words:	Value of Sukuk Applied for in ₦																																							

1. Individual Applicants (to be completed in block letters)

Full Name (Surname first).....

(State titles if any e.g. Mr., Mrs., Miss)

Occupation:

Phone No:

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Address:

Passport/Driving License/National ID No:

Date of Birth: Mother's Maiden Name:

E-mail Address:

Next of Kin:

Name of Bank:

Bank Account No.:

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 BVN*:

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(*Must be completed)

For rental payment purpose

Usual Signature: Date:

Residency classification of Applicant (tick the Appropriate box)

Resident Non-Resident

(Residency classification of Applicant must be indicated)

3. Corporate Applicants (to be completed in block letters)

Company's Name:

Type of Business: R/C No:

Address:

E-mail Address:

Contact Person: Phone No:

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Signature:

Name of Bank:

Bank Account No.:

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 BVN*:

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(*Must be completed)

For rental payment purpose

E	Investor Category of Applicant (tick the appropriate box)	
Retail <input type="checkbox"/>	Insurance <input type="checkbox"/>	Deposit Money Banks <input type="checkbox"/>
Fund Managers & Non-Bank Financial Institution <input type="checkbox"/>	Pension Funds <input type="checkbox"/>	
Ethical Fund Managers/ Non-interest Banks <input type="checkbox"/>	Government Agencies <input type="checkbox"/>	
Foreign Investor <input type="checkbox"/>	Others Institutions <input type="checkbox"/> Please specify

Please affix company seal and write RC Number

2. Joint Applicants (to be completed in block letters)

Full Name (Surname first).....

(State titles if any e.g. Mr., Mrs., Miss)

Occupation:

Phone No:

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Address:

Passport/Driving License/National ID No:

Date of Birth: Mother's Maiden Name:

E-mail Address:

Next of Kin:

Name of Bank:

Bank Account No.:

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 BVN*:

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(*Must be completed)

For rental payment purpose

Usual Signature: Date:

Residency classification of Applicant (tick the Appropriate box)

Resident Non-Resident

C	Thumb print of illiterate applicant
<p>Witness:</p> <p>I.....have given detailed explanation to this applicant in the language understood by him and consequently the applicant has a clear understanding of the transaction he/she has entered into.</p> <p>Signature:</p>	

D	Authorized Dealer
<p>NAME OF FINANCIAL ADVISER/ PLACEMENT AGENT:</p> <p>FINANCIAL ADVISER/ PLACEMENT AGENT CODE:</p>	

OFFICIAL USE ONLY	
Stamp of Financial Adviser/ Placement Agent	Amount Applied for (₦)
	Amount Allotted (₦)