

SUBSCRIPTION FORM

RETAIL & OTHER NON-QUALIFIED INSTITUTIONAL INVESTORS ONLY

To:
FGN Roads Sukuk Company 1 PLC.,
Debt Management Office,
Abuja



No:

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Official use only

SUBSCRIPTION FOR SUKUK ISSUED ON BEHALF OF 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 Adviser for guidance before completing this Form.

In response to the advertisement in both print and electronic media, I/we hereby offer my/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 – Depository A/C S/4 <input type="checkbox"/> CSCS <input type="checkbox"/> FMDQ <input type="checkbox"/> Please tick ✓ <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	Value of Sukuk Applied for ₦ Amount in Words:	E-allotment Preference: Investors with no A/C CSCS <input type="checkbox"/> FMDQ <input type="checkbox"/> Please tick ✓																			

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

Full Name (Surname first).....

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

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 Number:

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Bank Verification Number (BVN):

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(For profit/rental payment purpose)

Residency classification of Applicant (tick the Appropriate box)
 Resident Non-Resident
 (Residency classification of Applicant must be indicated)

Usual Signature: Date:

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

Full Name (Surname first).....

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

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 Number

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BVN:

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(For profit/rental payment purpose)

Residency classification of Applicant (tick the Appropriate box)
 Resident Non-Resident
 (Residency classification of Applicant must be indicated)

Usual Signature: Date:

3. Non-Qualified Institutional Investors (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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Bank Name:

Bank Account Number: Bank Verification Number (BVN):

(For profit/rental payment purpose)

Name of Signatory 1: Designation:

Usual Signature: Date:

Name of Signatory 2: Designation:

Usual Signature: Date:

C	Issuing House
NAME:	

D	OFFICIAL USE ONLY
Amount Applied for ₦.....	
Amount Allotted ₦.....	

E	Thumb print of illiterate applicant
Witness: I,.....have given detailed explanation to this applicant in the language understood by him/her and consequently the applicant has a clear understanding of the transaction he/she has entered into. Signature: Date:	AFFIX THUMB PRINT HERE

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. **Non-Qualified Institutional Investors** are institutions that **do not** fall into any of the following categories; Banks, Co-operative Societies, Fund Managers, Pension Fund Administrators, Insurance Companies, Government Agencies, Staff Schemes, Non-Bank Financial Institutions, Trustees, Custodians, Investment/Unit Trust, Stockbrokers and Market Makers
2. Applications must be made only on the official form as prescribed by the FGN Roads Sukuk Company 1 PLC.
3. Applications must be for a minimum of ₦10,000.00 and thereafter, in multiples of ₦1,000.00. The value of the Sukuk applied for should be entered in the appropriate box.
4. The Application Form, when completed, should be lodged with the Issuing Houses. Applications must be accompanied by full payment for the amount applied for, which must be paid to the Issuing House at the time of submission. Payment may be in any form acceptable to the Issuing House.
5. Payment narrations must include the individuals first name and BVN number.
6. Applicants should note that **No Charges or Fees would be paid by investors.**
7. 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.
8. 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.
9. An application from a group of individuals should be made in the names of those individuals with no mention of the names of the group.
10. An application by a firm, which is not registered under the Companies and Allied Matters Act, 2020 or Nigeria Export Processing Zones Act, 1992 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.
11. 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.
12. Applicants should indicate their preference in where their Bond should be deposited by either indicating their S/4, CSCS and FMDQ numbers for depository accounts or tick in either of the boxes for investors without Accounts.
13. An application by an illiterate person should bear his right thumb print on the Subscription Form and be witnessed by an official of the Issuing House or Bank 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.
14. 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.
15. Applicants who are submitting forms to the Issuing Houses shall make payment to the following accounts:

Bank Name	Account Name	Account Number
Jaiz Bank PLC	FGN SUKUK IV PROCEEDS ACCOUNT	0003196265
Lotus Bank Limited		1600000375
Stanbic IBTC Bank PLC		0040259968
Sterling Bank PLC		0086478181
TAJ Bank Limited		0001950853