



## 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 my/our subscription for FGN Sukuk

<b>A</b>	<b>Guide to Applications</b> 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> Minimum Value: ₦10,000.00 Multiples thereafter: ₦1,000.00 Value of Sukuk Applied for in ₦	D	D	M	M	Y	Y	Y	Y	<b>E-allotment Details</b> Applicant's CSCS/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></tr></table>								
D	D	M	M	Y	Y	Y	Y											
<b>B</b>	<b>Amount in Words:</b>																	

### 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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(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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(For rental payment purpose)

<b>E</b>	<b>Investor Category of Applicant (tick the appropriate box)</b>
Individual <input type="checkbox"/> Bank <input type="checkbox"/> Corporate <input type="checkbox"/> Co-operative Society <input type="checkbox"/> Foreign Investor <input type="checkbox"/> Government Agencies <input type="checkbox"/> Staff Scheme <input type="checkbox"/> Non-Bank Financial Institution <input type="checkbox"/> Others <input type="checkbox"/> ..... <i>Please specify</i>	

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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(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)

<b>C</b>	<b>Thumb print of illiterate applicant</b>
<b>Witness:</b>  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.  Signature: .....	
<b>D</b>	<b>Authorized Dealer</b>
NAME OF FINANCIAL ADVISER/ PLACEMENT AGENT: .....  FINANCIAL ADVISER/ PLACEMENT AGENT CODE: .....	

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

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. Applications must be made only on the official form as prescribed by the FGN Roads Sukuk Company 1 Plc.
2. 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.
3. The Application Form, when completed, should be lodged with the Financial Advisers or Placement Agents. Applications must be accompanied by full payment for the amount applied for, which must be paid to the Receiving Banks at the time of submission.
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 form from a group of individuals should be made in the names of those individuals with no mention of the names of the group.
8. 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.
9. 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.
10. An application from a pension or provident fund must be in line with the guidelines of the National Pension Commission with regard to the custody of the pension assets.
11. An application by an illiterate person should bear his right thumb print on the Subscription Form and be witnessed by an official of the Financial Adviser/Placement 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.
12. 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.

APPLICATION FOR SUBSCRIPTION FORM FOR SUKUK ISSUANCE ON BEHALF OF THE  
FEDERAL GOVERNMENT OF NIGERIA