To:

FGN Roads Sukuk Company 1 Plc., Debt Management Office,

Abuja

No:

Official use only

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**SOVEREIGN SUKUK SUBSCRIPTION FORM - UP TO N150 BILLION 7-YEAR IJARAH SUKUK DUE 2027 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

|  |  |  |
| --- | --- | --- |
| **Guide to Application** | Date: | **E-allotment Details**  Applicant's S4/Custodian A/C No. |
| **Minimum Value:** ~~N~~10,000.00  **Multiple thereafter:** ~~N~~1,000.00 | **Value of Sukuk Applied for in ~~N~~**  ~~N~~${amountOfSukuk} |
| Applicant's CSCC A/C No.  Applicant's Clearing House No. (CHN) |
| **Amount in Words**  **${amountInWords}** | |
|  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2** | **2** | **0** | **5** | **2** | **0** | **2** | **0** |

**A**

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| **D** | **D** | **2** | **3** | **4** |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **2** | **3** | **4** | **5** | **5** | **5** |  |  |

**B**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **3** | **/** | **1** | **9** | **9** |

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

Full Name (Surname first) **${Title} ${surname} ,** Full Name (Surname first)

**${firstName}**

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

Occupation **${occupation}**

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| Phone No.: | **0** | **8** | **0** |  | **2** | **3** | **5** | **5** | **8** | **7** | **1** | **4** |  |  |  |

Occupation

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Phone No.: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Address **${address}**

Address

Passport/Driving License/National ID No:  **${identity}**

Date of Birth **${dob}** Mother's Maiden Name **${maidenName}**

Email Address  [**${emailAdd}**](mailto:ELHASSAN.ABDULKARIM@GMAIL.COM)

Passport/Driving License/National ID No:

Date of Birth Mother's Maiden Name Email Address

Next of Kin:

Next of Kin:  [**${nextOfKin}**](mailto:ELHASSAN.ABDULKARIM@GMAIL.COM)

Name of Bank **${bankName}**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Account No. | : **0** | **2** | **3** | **3** | **3** | **4** | **4** | **5** | **1** | **2** |  | |
| BVN: | **2** | **2** | **2** | **3** | **4** | **5** | **5** | **5** | **4** | **3** | **3** |  |

Name of Bank

## (\*Must be completed) For rental payment purpose

Date: **{dateOfRequest}**

Date:

## (\*Must be completed) For rental payment purpose

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Account No.: |  |  |  |  |  |  |  |  |  |  | |
| BVN: |  |  |  |  |  |  |  |  |  |  |  |

Residency classification of Applicant (tick the Appropriate box)

Residency classification of Applicant (tick the Appropriate box)

**[X]**

Resident Non-Resident

Resident

Non-Resident

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

|  |  |
| --- | --- |
| C | **Thumb print of illiterate applicant** |
| **Witness:**  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: …………………………………….... | |

Company Name

Type of Business R/C No:

Address

Email Address Contact Person:

Name of Bank

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| Phone No.: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Bank Account No.: |  |  |  |  |  |  |  |  |  |  | |
| BVN: |  |  |  |  |  |  |  |  |  |  |  |

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|  |  |
| --- | --- |
| D | **Financial Adviser** |
| NAME:  CODE: | |

|  |  |
| --- | --- |
| E | **Investor Category of Applicant (tick the appropriate box)** |
| **[X]** Individual Bank Corporate  Co-operative Society Foreign Investor Government Agencies Staff Scheme  Non-Bank Financial Institution Others | |
| **Please affix company seal and write RC Number** | |

|  |  |
| --- | --- |
| OFFICE USE ONLY | |
|  | Amount Applied for (N) |
| Stamp of Financial |  |
| Adviser/Placement |  |
| Agent |  |
|  | Amount Allotted (N) |



**DECLARATION AND SIGNATURE**

I, **${title} ${surname} ${firstName}**, declare that the information I have given in this application is truthful, complete and correct.

I understand that any error in completing the application form may result in the rejection of my application. I agree that any false information or misrepresentation may constitute an offence under applicable laws in Nigeria

I agree that by checking the signature box below, I have electronically signed my application. I absolve the Issuer and its advisers of any defect or liability arising from this electronic superscription hereof

**I AGREED AND SIGNED**

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