To:
Director-General,
Debt Management Office, Abuja

DEBT MANAGEMENT OFFICE
NIGERIA

No: | | | | | | | |
Official use only

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.

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

Tenor of Bond: 2-Year ☐ 3-Year ☐ **Please tick (√) the relevant box**

A Guide to Applications

Minimum Value: ₦5,000.00
Multiple therefore: ₦1,000.00
Maximum Value: ₦50,000,000.00

Month of Offer: M M Y Y Y Y

Value of Bonds Applied for ₦

B Amount in Words:

E-allotment Details
Applicant's CSCS A/C No.
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Applicant's CHN No.
C ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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: ☐☐☐ ☐☐☐☐☐☐☐☐☐☐

SAMPLE 2 3 4 8 0 3 x x x x x x x x

Next of Kin: .....

Address:.....

.....

Passport No: ..... Date of Birth: .....

Mother's Maiden Name: .....

E-mail Address: .....

Name of Bank: .....

Bank Account No ☐☐☐☐☐☐☐☐☐☐ BVN ☐☐☐☐☐☐☐☐☐☐☐

(For interest payment purpose)

Usual Signature: ..... Date: .....

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

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: ☐☐☐ ☐☐☐☐☐☐☐☐☐☐

Next of Kin: .....

Address: .....

.....

E-mail Address: .....

Name of Bank: .....

Bank Account No ☐☐☐☐☐☐☐☐☐☐ BVN ☐☐☐☐☐☐☐☐☐☐☐

(For interest 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:.....

.....

Passport No: .....E-mail Address: .....

Contact Person: ..... Phone No: ☐☐☐ ☐☐☐☐☐☐☐☐☐☐

Signature: ..... Signature: .....

Name of Bank: .....

Bank Account No ☐☐☐☐☐☐☐☐☐☐ BVN: ☐☐☐☐☐☐☐☐☐☐☐

(For interest payment purpose)

Investor Category of Applicant (tick the appropriate Box)

Individual ☐ **Insurance** ☐ **Corporate** ☐ **Others** ☐

***Foreign Investor** ☐ **Non-Bank Financial Institution** ☐ **Co-operative Society** ☐

Government Agencies ☐ **Staff Scheme** ☐ **Micro Finance Bank** ☐

*** All foreign investors should tick only this box**
(Investor Category of Applicant must be indicated)

	Please affix company seal and RC Number

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 has entered into.

Signature: .....

D DISTRIBUTION AGENTS

NAME OF DISTRIBUTION AGENT: .....

.....

STOCKBROKER CODE: .....

Stamp of Receiving Agent

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 ₦5,000.00 and thereafter, in multiples of ₦1,000.00, but subject to a maximum of ₦50,000.00 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