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



SUBSCRIPTION FORM FOR \$\mathbb{H}\$100 BILLION SUKUK ISSUANCE ON BEHALF OF THE FEDERAL **GOVERNMENT OF NIGERIA**

	In response to the advertis	sement in both print and electronic media.	I/We he	reby offer my/o	ur subscription f	or FGN Sukuk
A	Guide to Applications Date: Date: Date: Minimum Value: \$\frac{4}{10,000.00}\$ Value of Sukuk Applied for in \$\frac{4}{1000.00}\$			E-allotment Details Applicant's S4/Custodian A/C No.		
В	Multiples thereafter: ¥1,000.00 Amount in Words:					's CSCS A/C No.
			2 1	sint Annlinen	4- (4- h	slated in block latters)
	. Individual Applicants (to be completed in block letters) Full Name (Surname first)			2. Joint Applicants (to be completed in block letters) Full Name (Surname first)		
Occun	(State titles if any e.g. Mr., Mrs., Miss)			(State titles if any e.g. Mr., Mrs., Miss) Occupation:		
	Phone No:			Phone No:		
Addres	Address:			Address:		
	Passport/Driving License/National ID No:			Passport/Driving License/National ID No:		
Date of Birth: Mother's Maiden Name: E-mail Address:			Date of Birth: Mother's Maiden Name:			
Next of Kin:			E-mail Address:			
Name o	Name of Bank:			Next of Kin:		
Bank A	Bank Account No.: BVN*:			Bank Account No.: BVN*:		
Usual :	For rental paym Signature:					ayment purpose
Resider Resider	Residency classification of Applicant (tick the Appropriate box) Non-Resident Residency classification of Applicant must be indicated)			Residency classification of Applicant (tick the Appropriate box) Resident Non-Resident		
	rporate Applicants (to be complete					
Compa	Company's Name:			C Thumb print of illiterate applicant		
Туре	Type of Business:R/C No:					
	Address:			Witness:		
	E-mail Address:					
Contac	Contact Person: Phone No: Signature:					
•	of Bank:					
	Bank Account No: BVN*: BVN*: (*Must be completed)			Signature: D Authorized Dealer		
For rental payment purpose						
	E Investor Category of Applicant (tick the appropriate box)			NAME OF FINANCIAL ADVISER/ PLACEMENT AGENT:		
	Retail Insurance Deposit Money Banks Fund Managers & Non-Bank Financial Institution Pension Funds Ethical Fund Managers/ Non-interest Banks Government Agencies			FINANCIAL ADVISER/ PLACEMENT AGENT CODE:		
	Please affix company seal and write RC Number			OFFICIAL USE ONLY		
				Adviser/	Financial Placement pent	Amount Applied for (N)
				Agent		Amount Allotted (N)