



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	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
D	D	M	M	Y	Y	Y	Y			
Minimum Value: ₦10,000.00 Multiples thereafter: ₦1,000.00	Value of Sukuk Applied for ₦	Applicant's S4/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></tr></table>								
B Amount in Words:		Applicant's CSCS 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></tr></table>								

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)

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., 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)

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: Date:

Name of Bank:

Bank Account Number:

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Bank Verification Number (BVN):

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(For profit/rental payment purpose)

C	Thumb print of illiterate applicant
<p>Witness:</p> <p>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.</p> <p>Signature:</p> <p>Date:</p>	AFFIX THUMB PRINT HERE

D	Financial Adviser
NAME:	
CODE:	

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

Please affix company seal and RC Number

E	Investor Category of Applicant (tick the appropriate box)
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"/>	

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. 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.
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, 2004 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 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.
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.