

# Application to Purchase The Government of The Commonwealth of The Bahamas Registered Stock

BGRS Issue Number:	Offering <input type="checkbox"/> PRIMARY (IPO) <input type="checkbox"/> SECONDARY	Application Date (DD-MM-YYYY)
		D   D   —   M   M   —   Y   Y   Y   Y

## [SECTION-1] To be completed by Primary Security Holder (Sole Name To be Represented on Certificate)

Existing Holder of BGRS? Yes <input type="checkbox"/> No <input type="checkbox"/>	PRIMARY APPLICANT: First Name	Middle Name	Last Name
<b>ADDRESS INFORMATION</b>			
Street (#...Name)		Location/Island/Country	
Telephone [Home]	Telephone [Mobile]	Telephone [Work]	P. O. Box
Email			NIB#
SIGNATURE			Date (DD-MM-YYYY)

## [SECTION-2] To be completed if BGRS is to be jointly held (more than one holder)

<b>REGISTRATION TYPE</b>			
Choose one only			
<input type="checkbox"/> AND all parties required for completing transactions	<input type="checkbox"/> OR either party may complete transactions individually	<input type="checkbox"/> AND/OR parties together OR any one individually	
Existing BGRS Holder?	SECONDARY APPLICANT: First Name	Middle Int.	Last Name
[1] Yes <input type="checkbox"/> No <input type="checkbox"/>			
[2] Yes <input type="checkbox"/> No <input type="checkbox"/>			
In Trust For (if Applicable):			

## ADDRESS, IF DIFFERENT FROM PRIMARY

Street (#...Name)		Location/Island/Country	
Telephone [Home]	Telephone [Mobile]	Telephone [Work]	P. O. Box
Email			NIB#
SIGNATURE(S)			Date (DD-MM-YYYY)

## [SECTION-3] Primary Applicant's Bank Information

Bank Name	Branch Name	Account Number

## [SECTION-4] Payment Information

Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Electronic	Cheque Drawn on <input type="checkbox"/> BOB <input type="checkbox"/> CIT <input type="checkbox"/> CWB <input type="checkbox"/> FCI <input type="checkbox"/> FBL <input type="checkbox"/> RBC <input type="checkbox"/> SBL <input type="checkbox"/> _____	Cheque Number			
CASH AMOUNT \$	CHEQUE AMOUNT \$	ELECTRONIC AMOUNT \$	TOTAL AMOUNT PAID \$		
CBOB Officer [1] Signature	Initials [1]	Date (DD-MM-YYYY)	CBOB Officer [2] Signature	Initials [2]	Date (DD-MM-YYYY)
SUBSCRIPTION AMOUNT \$		CERTIFICATE NUMBER(S)			
CERTIFICATE(S) RECEIVED BY (Print Name)			Receiver's Signature		Date (DD-MM-YYYY)
I have read, understood, and accepted the information on the REVERSE OF THIS FORM					Initial Here: _____