

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)
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[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
ADDRESS INFORMATION			
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)

REGISTRATION TYPE				
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	NIB#
[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: _____