



**FEDERAL GOVERNMENT OF NIGERIA**

Public Offering of

**Series 1 UP TO US\$500,000,000 5-Year 9.75% Per Annum Domestic FGN US Dollar Bond under the US\$2,000,000,000 Domestic FGN US Dollar Bond Programme**

SUBSCRIPTION FOR THE FEDERAL GOVERNMENT OF NIGERIA (FGN) SERIES 1 UP TO US\$500,000,000 DOMESTIC FGN US DOLLAR BOND  
Application must be 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 may be rejected.

In response to the advertisement in print, I/we hereby offer my/our subscription for the Series 1 Domestic FGN US Dollar Bond

<p><b>GUIDE TO APPLICATION</b></p> <p>Number of Units Applied For: Amount Payable: Minimum 10 Units: <b>US\$10,000</b> Subsequent multiples of: <b>US\$1,000</b></p>	<p>Number of Units Applied for: <input style="width: 100%;" type="text"/></p>	<p>Value of Units Applied for: <input style="width: 100%;" type="text"/></p>	<p>Amount in Words: <input style="width: 100%;" type="text"/></p>
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**E-ALLOTMENT PREFERENCE: CSCS**

*(Investors with no existing depository account should tick the box)*

**DATE (DD/MM/YYYY)**

**1. INDIVIDUAL APPLICANT (to be completed in block letters)**

Full Name (Surname first): .....

*(State titles if any, e.g., Mr., Mrs., Miss, etc.)*

Sex: Male  Female  ID Card Type: .....

Occupation: ..... Nationality: .....

Mobile number (GSM):

Next of Kin: .....

Address: .....

ID Card No.: ..... Date of Birth: .....

Mother's Maiden name: .....

E-mail Address: .....

Name of Bank: .....

Bank Account No.  BVN

Swift Code.  IBAN

*(For principal and interest payment purpose)*

CSCS Account No.  CHN No.

*(For lodgment purpose)*

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

**Residency Classification of Applicant (tick the appropriate box)**

Resident  Non-Resident  Country of Residence: .....

*(Residency Classification of Applicant must be indicated)*

**2. JOINT APPLICANT (to be completed in block letters)**

Full Name (Surname first): .....

*(State titles if any, e.g., Mr., Mrs., Miss, etc.)*

Occupation: .....

Mobile Number (GSM):

Next of Kin: .....

Address: .....

ID Card Type: ..... ID Card No: .....

E-mail Address: .....

Nationality: .....

Name of Bank: .....

Bank Account No.  BVN

Swift Code.  IBAN

*(For principal and interest payment purpose)*

CSCS Account No.  CHN No.

*(For lodgment purpose)*

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

**Residency Classification of Applicant (tick the appropriate box)**

Resident  Non-Resident  Country of Residence: .....

*(Residency Classification of Applicant must be indicated)*

**Investor Category of Applicant (tick the appropriate box)**

Individual  Joint Applicant  Other Non-Qualified Institutional Investors

**3. NON-QUALIFIED INSTITUTIONAL INVESTORS (to be completed in block letters)**

Company Name: .....

Type of Business: ..... RC No: .....

Address: .....

E-mail Address: .....

Contact Person: .....

Mobile Number:

Country of Incorporation: .....

Bank Name: .....

Bank Account No.  BVN

Swift Code.  IBAN

*(For principal and interest payment purpose)*

CSCS Account No.  CHN No.

*(For lodgment purpose)*

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

	<p>Thumb Print of illiterate applicant</p>
<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><b>Global Coordinator</b></p>	<p><b>Lead Issuing House/Coordinator</b></p>
<p align="center"><b>Joint Issuing Houses</b></p>	
<p align="center"><b>Joint Financial Advisers</b></p>	

## DECLARATION

1. I/We note that the Issuer and Issuing Houses are entitled in their absolute discretion to accept or reject this bid.
2. I/We confirm that I/we have read the Programme Circular and Pricing Supplement dated August 19, 2024 and that my/our bid is made on the terms set therein.
3. I/We agree to accept my/our allotment subject to the terms in the Pricing Supplement.
4. I/We understand that payments of coupon and principal repayment may be subject to incidental transfer charges. I/We understand and agree that the charges will be deducted from coupon payments and the principal repayment due to me/us.
5. I/We authorise you to enter my/our name on the register of Noteholders as holders of these Bonds that may be allotted to me/us and to register my/our address as given.
6. I/We understand and agree that no interest shall accrue on my/our participation amount until the published coupon commencement date of the bond.
7. I/We am/are aware that there may not be an active two-way quote trading market for the Bonds when issued, and thus the liquidity of the Bonds may be limited. As such, where I/We decide to trade my/our Bonds, the amount realized may be lower than the initial amount invested.

## INSTRUCTIONS FOR COMPLETING THE FORM

1. **Non-Qualified Institutional Investors** are institutions that **do not** fall into any of the following categories; Banks, Co-operative Societies, Fund Managers, Pension Fund Administrators, Insurance Companies, Government Agencies, Staff Schemes, Non-Bank Financial Institutions, Trustees, Custodians, Investment/Unit Trust, Stockbrokers and Market Makers.
2. Applications can be made by completing this form and submitting the completed form to any of the Issuing Houses. Applications must be accompanied by evidence of full payment for the amount applied for. Subscribers are advised to seek guidance from their banks on applicable transfer charges and indicate that they will be responsible for the charges.
3. Applications must be for a minimum of US\$10,000.00 and thereafter, in multiples of US\$1,000.00. The value of the bonds applied for should be entered in the appropriate box.
4. Payment shall only be made through the Nigerian banking system and electronic transfers into the designated accounts to be provided upon subscription. No cash deposits will be accepted under this transaction.
5. Payment narrations must include the individuals full name and BVN number.
6. For the purpose of this application, residency classification refers to the country where the Applicant(s) resides as at the time of filling the Subscription Form. Applicant(s) must indicate his/her residency classification in the appropriate box provided.
7. For joint applications, information on the Applicants should be provided in the appropriate boxes. However, all correspondences will be addressed to the first named Applicant.
8. An application from a group of individuals should be made in the names of those individuals with no mention of the name of the group.
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. Applicants should indicate their preference for where their Bond should be deposited by indicating their CSCS depository account or tick the box for investors without Accounts.
11. An application by an illiterate person should bear his/her right thumb print on the Subscription Form and be witnessed by an official of the Issuing House at which the application is lodged, who must first have explained the meaning and effect of the application to the illiterate person in his/her own language. The witness should indicate his/her name and signature in the appropriate box.
12. The applicant should not print his/her signature. If he/she is unable to sign in the normal manner, he/she should be treated for the purpose of this offer as an illiterate and his/her right thumb should be clearly impressed on the Application Form.