

APPLICATION No.

APPLICATION FOR 6.5% FIVE YEAR GOVERNMENT TREASURY BOND

FINANCIAL MARKETS DIVISION
CENTRAL BANK OF SEYCHELLES
P.O. BOX 701
VICTORIA

DATE

Dear Sir/Madam,

I/We have read and agreed to the terms of the Prospectus for the above-mentioned Bond and to abide by the same together with any rules and regulations that may be made by the Central Bank of Seychelles. I/We wish to submit my/our application to purchase the said Bond and undertake to accept and pay for the same or any less amount allotted.

TOTAL FACE VALUE

(In multiples of SCR5,000. Minimum SCR5,000)

THE BOND IS TO BE REGISTERED IN THE NAME(S) STATED BELOW:

Please use block letters

1. NAME NIN

2. NAME NIN

Please Tick (if applicable)

EITHER OR SURVIVOR JOINTLY

POSTAL ADDRESS

TEL. No. E-MAIL ADDRESS

Instructions for the payment of interests and maturity proceeds:

BANK

ACCOUNT No.

I/We accept that it is my/our responsibility to make it known to the Central Bank of Seychelles of any change to the details provided above at my/our earliest opportunity.

SIGNATURE
of, or on behalf of, applicant

For Official Use

Value Date	Cash/Cheque
Amount Allotted	Customer/ Serial No.
Received by	Checked by