



**182 Day Treasury Bills  
Tender Form**

<b>Official Use</b>
Application No. ....
Serial No. ....
Customer No. ....

Central Bank of Seychelles  
P.O. Box 701  
Victoria  
Mahe

Date: .....

Dear Sir,

I/We apply in accordance with the terms of the notice dated

Face Value <sup>(1)</sup>

Tender Price <sup>(2)</sup>  *(Quote up to 2 (two) decimal places)*

I/We wish my/our name(s) to be inserted on the bills issued to me/us.

PLEASE USE BLOCK LETTERS

**Full Name:** ..... **NIN** <sup>(3)</sup>: .....

**Full Name:** ..... **NIN** <sup>(3)</sup>: .....

*Please Tick (if applicable)*

<input type="checkbox"/>	Either or Survivor
<input type="checkbox"/>	Jointly

Signature.....  
of, or on behalf of, tenderer

**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 below at my/our earliest opportunity.**

**FULL NAME AND ADDRESS**

**BANKING DETAILS**

**MR/MRS/MISS** ..... **BANK:** .....

**ADDRESS:** ..... **ACCOUNT NO** .....

**TELEPHONE :** .....

<sup>(1)</sup> Amount should be a minimum of R 5,000 and in multiples of R 5,000.

<sup>(2)</sup> The price offered should be quoted in Rupees and Cents per R 100 and quoted up to two decimal places.

<sup>(3)</sup> Applicable to individuals only

**Please Note:** This application form should be enclosed in a sealed envelope marked "Confidential /Tender for Treasury Bills" and deposited in the Tender Box provided for the purpose at the Central Bank of Seychelles.

*Defaulters shall be barred from investing in Government Securities. The Central Bank of Seychelles is not obliged to process incomplete or wrongly filled application forms.*