APPLICATION FOR FIJI GOVERNMENT VITI BONDS — VB 2017-2018/1

To: RESERVE BANK OF FIJI, Private Mail Bag, Suva.

Lodgement Date:

Do you currently have an outstanding investment in Fiji Government Viti Bonds?

☐ YES ☐ NO

Investor Type: ☐ Individual(s) ☐ Corporate Body ☐ Trust

	SURNAME / FIRST NAMES	
1	Mr/Mrs/Miss/Ms	DOB / / Occupation
2	Mr/Mrs/Miss/Ms	DOB / / Occupation
3	Mr/Mrs/Miss/Ms	DOB / / Occupation

Residential Address	Postal Address (if different from Residential)	Telephone
		Mobile
		Email

Tax Identification Number (TIN) ☐☐☐☐☐☐☐☐☐☐☐☐

INVESTMENT DETAILS **Minimum investment $1,000.00/Maximum investment $200,000.00**

Terms	Fixed Coupon Rate (per annum)	Amount
5 Years	4.00%	$
7 Years	4.50%	$
10 Years	5.00%	$

PAYMENT

My/Our Bank Cheque made payable to "Reserve Bank of Fiji " for $_____ for the full face value of the amount tendered is enclosed and I/we undertake to pay the Reserve Bank any difference no later than 12:00pm on the Issue Date.

COLLECTION OF VITI BOND CERTIFICATES

☐ Post to above address **OR** ☐ Collect Over The Counter **OR** ☐ To (Bank) _____Branch _____for safe custody on our behalf.

QUARTERLY INTEREST PAYMENT AUTHORITY

Bank _____Branch _____ Bank Account Name_____

Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I/We hereby authorize the Registrar to pay to the above bank account, ALL interest and redemption proceeds which hereafter may become payable in respect of the above investment and to accept their receipt as a full and sufficient discharge, such order to remain in force until revoked by me/us in writing.

I/We hereby apply for Fiji Government Viti Bonds upon the terms and conditions set out in the **Viti Bond Prospectus dated 09 August 2017**.

I/We agree that any personal information about me/us received by the Registrar may be used by it to offer or provide me/us with information concerning securities issued by the Fiji Government.

PLEASE SIGN HERE

1	2	3
Date and Company Stamp (if applicable)	Date	Date

FOR USE BY THE REGISTRAR

Custodian Initials		Date	Comments
1	2		