

FIJI INFRASTRUCTURE BONDS TENDER FORM

ISIN	Coupon	Tenor	First Issue Date	First Coupon Date	Maturity	Yield curve as at 30 September 2024
FJ1394582514	1.20%	2 Years	06-11-2024	06-05-2025	06-11-2026	0.95%
FJ1394582522	3.90%	10 Years	06-11-2024	06-05-2025	06-11-2034	3.90%
FJ1394582530	5.00%	20 Years	06-11-2024	06-05-2025	06-11-2044	5.00%

Investor Type: Individual(s) Corporate Body Trust

(Please tick which maturity is being tendered for)

2 year Bond []

10 year Bond []

20 year Bond []

1. TO: The Reserve Bank of Fiji, Suva.

In accordance with the terms of the Prospectus dated _____ and the Notice of Issuance dated _____.

I/We hereby tender for bond to a total face value of \$ _____ (_____ Dollars).

I/We undertake to accept the same or any lesser amount that may be allotted to me/us at:

(Place a tick in the box that is applicable)

The weighted average yield of accepted competitive tenders.

The yield of _____ % p.a.

2. I/We have deposited the payment of \$ _____ for the full face value of the amount tendered through FIJICLEAR.

I/We undertake to pay the Reserve Bank any difference no later than 12:00 noon on the day on which the relative Bond(s) are to be dated.

3. The Bond certificate is to be registered in the name/s given below. (Refer Prospectus)

a) Name in Full (BLOCK LETTERS): _____

Other Details of the Investor (BLOCK LETTERS)¹:

b) Date of Birth*: _____

c) Postal Address: _____

d) Physical Address: _____

e) Telephone/Mobile No.: _____

f) Designation/Occupation**: _____

¹ The Reserve Bank of Fiji may require additional information not listed on the tender form of an investor as it deem so.

g) TIN #***: _____

h) Source of Funds****: _____

*NB: Refer details on page two of the tender form for clarification on fields marked with **

4. Please forward the bond statement:

(a) By post to me at the above address.

(b) To (Bank) _____ (Branch) _____
(for safe custody on my behalf)

(c) Collect over the Counter or Email.

5. Please credit the interest payments to:

Bank: _____

Branch: _____

Account No.: _____

Account Name: _____

6. Name/s, Signature/s & Designation of authorised dealers. (Company stamp for corporate body)

a) _____

b) _____

c) _____

Date: _____

- Strike out whichever is not applicable.

** Date of Birth is applicable for individuals only.*

***Occupation is applicable to individual investors only.*

**** Tax Identification Number.*

*****Not applicable for supervised financial institutions.*