

# COMMITMENT FORM

Auction Date  
[   /   /2021]

## CORAL TREASURY BILLS NOTE (CTBN)

Select Tenor (Tick as appropriate)  
182 days [   ], 364 days [   ]

Orders must be made in accordance with the instructions set out in this document. Care must be taken to follow these instructions as applications that do not comply may be rejected.

**Please complete all relevant sections of this Form USING BLOCK LETTERS WHERE APPLICABLE**

	DATE
<input type="checkbox"/> High Net worth Investors <input type="checkbox"/> Portfolio Managers <input type="checkbox"/> Insurance Companies <input type="checkbox"/> Multilateral/Bilateral Inst. <input type="checkbox"/> Market Makers <input type="checkbox"/> Staff Schemes <input type="checkbox"/> Trustees/Custodians <input type="checkbox"/> Stock-broking Firms <input type="checkbox"/> Resident Corporate Investors <input type="checkbox"/> Non-Residential Investors <input type="checkbox"/> Hedge Funds	<div style="font-weight: bold;">DECLARATION</div> <input checked="checked" type="checkbox"/> I/We note that FSDH Asset management Limited are entitled in their absolute discretion to accept or reject this Order. <input checked="checked" type="checkbox"/> I/We agree to accept the Participation Amount as may be allocated to me/us subject to the terms in the Pricing Supplement. <input checked="checked" type="checkbox"/> I/We authorize you to enter my/our name on the Register of Noteholders as holder of the Coral Treasury Bills Note that may be allotted to me/us and to register my/our address as given below. <input checked="checked" type="checkbox"/> I/we hereby irrevocably undertake and confirm my/our Order(s) for Coral Treasury Bills Note to my/our Participation Amount(s) set out below at the Rate disclosed. <div style="font-weight: bold;">In relation to Eligible Individual Investors Only:</div> <input checked="checked" type="checkbox"/> I have the requisite knowledge, skill, and experience in business, financial and investment matters. I am capable of evaluating the merits and risks of an investment in the Coral Treasury Bills Note Issuance (the "product"). <input checked="checked" type="checkbox"/> I/We am/are aware that this product is guaranteed by the Federal Government of Nigeria. <input checked="checked" type="checkbox"/> I have considered the suitability of the product as an investment considering my own circumstances and financial condition and I am able to bear the risks associated with investing in the product. <input checked="checked" type="checkbox"/> I make this declaration believing same to be true.

**PARTICIPATION DETAILS (INDIVIDUAL/CORPORATE/JOINT) (Please use one box for one alphabet leaving one box blank between first word and second)**

All orders for individuals must be for a minimum amount of N5,000,000.00 (Five Million Naira only) and in multiples of N1,000 (One Thousand Naira) thereafter. All orders for corporates must be for a minimum amount of N5,000,000.00 (Five Million Naira only) and in multiples of N1,000(One Thousand Naira) thereafter.

**SURNAME/CORPORATE NAME**

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FIRST NAME (FOR INDIVIDUALS ONLY)	OTHER NAMES (FOR INDIVIDUALS ONLY)

JOINT APPLICANT'S FIRST NAME (IF	OTHER NAMES (FOR JOINT APPLICANT ONLY)

JOINT APPLICANT'S	OTHER NAMES (FOR JOINT APPLICANT ONLY)

JOINT APPLICANT'S	OTHER NAMES (FOR JOINT APPLICANT ONLY)

**CONTACT PERSON (FOR CORPORATE APPLICANT)/NEXT OF KIN (FOR INDIVIDUAL APPLICANT)**

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**ADDRESS IN FULL (PLEASE DO NOT REPEAT APPLICANTS(S) NAME. POST BOX NO. ALONE IS NOT SUFFICIENT)**



