

# FIJI INFRASTRUCTURE BONDS TENDER FORM

ISIN	Coupon	Tenor	First Issue Date	First Coupon Date	Maturity Date	Yield curve as at 16 February 2022
FJ1149140014	3.95%	10 Years	24-11-2021	24-05-2022	24-11-2031	3.95%
FJ1149140022	4.25%	15 Years	24-11-2021	24-05-2022	24-11-2036	4.25%
FJ1149140030	4.70%	20 Years	24-11-2021	24-05-2022	24-11-2041	4.70%

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

**(Please tick which maturity is being tendered for)**

➤ 10 Year Bond [  ]

➤ 15 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 Fiji Clear.

I/we undertake to pay the Reserve Bank any difference no later than 12:00 noon on the day on which the relative Bonds 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)<sup>1</sup>

b) Date of Birth\*: \_\_\_\_\_

c) Postal Address: \_\_\_\_\_

d) Physical Address: \_\_\_\_\_

e) Telephone/Mobile No.: \_\_\_\_\_

f) Designation/Occupation\*\*: \_\_\_\_\_

g) TIN #\*\*\*: \_\_\_\_\_

h) Source of Funds\*\*\*\*: \_\_\_\_\_

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

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

4. Please forward the bond certificate:

By post to me at the above address.

To (Bank) \_\_\_\_\_ (Branch) \_\_\_\_\_  
(for safe custody on my behalf)

Collect over the Counter.

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.

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

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

*\*\*\* Tax Identification Number.*

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