

FIJI INFRASTRUCTURE BONDS TENDER FORM

ISIN	Coupon	Tenor	First Issue Date	First Coupon Date	Maturity Date	Yield curve as at 31 August 2023
FJ1287855431	0.56%	2 Years	09-08-2023	09-02-2024	09-08-2025	0.56%
FJ1287855464	3.90%	10 Years	09-08-2023	09-02-2024	09-08-2033	3.90%
FJ1287855472	4.17%	15 Years	09-08-2023	09-02-2024	09-08-2038	4.17%
FJ1287855480	4.61%	20 Years	09-08-2023	09-02-2024	09-08-2043	4.61%

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

(Please tick which maturity is being tendered for)

➤ 2 Year Bond [☐]

➤ 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)¹

b) Date of Birth*: _____

c) Postal Address: _____

d) Physical Address: _____

e) Telephone/Mobile No.: _____

f) Designation/Occupation**: _____

g) TIN #***: _____

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

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 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.

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

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

**** Tax Identification Number.*

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