

# FIJI INFRASTRUCTURE BONDS TENDER FORM

ISIN	Coupon	Tenor	First Issue Date	First Coupon Date	Maturity	Yield curve as at 31 January 2024
FJ1328060140	0.56%	2 Years	14-02-2024	14-08-2024	14-02-2026	0.56%
FJ1328060157	3.90%	10 Years	14-02-2024	14-08-2024	14-02-2034	3.90%
FJ1328060173	4.75%	20 Years	14-02-2024	14-08-2024	14-02-2044	4.75%

**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 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 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 \*.*

4. Please forward the bond certificate:

<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.

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.*