FIJI INFRASTRUCTURE BONDS TENDER FORM

Issuance Type: ☐ Benchmark ☑ Re-opening

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

ISIN	Coupon	Tenor	First Issue Date	First Coupon Date	Maturity	Yield curve as at 31 July 2026
FJ1593726193	1.59%	3 Years	05 Aug 2026	05 Feb 2027	05 Aug 2029	1.59%
FJ1593726201	2.06%	5 Years	05 Aug 2026	05 Feb 2027	05 Aug 2031	2.06%
FJ1593726219	3.90%	10 Years	05 Aug 2026	05 Feb 2027	05 Aug 2036	3.90%
FJ1593726227	5.75%	20 Years	05 Aug 2026	05 Feb 2027	05 Aug 2046	5.75%

(Please tick which maturity is being tendered for)

3-year Bond [ ] 5-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 13:00 noon on the day on which the relative Bond(s) are to be dated.

   Other Details of the Investor (BLOCK LETTERS)[1]***:***

   a) Individual/Corporate/Trust Name: _____

   b) Date of Birth*: | | | / | | | / | | | | |

   c) Postal Address: _____

   d) Physical Address: _____

   e) Telephone/Mobile No.: _____

   f) Email: _____

   g) Designation/Occupation**: _____

   h) TIN #***: | | | | | | | | | | | | |

   i) Source of Funds****: _____

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

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

4. Please forward the portfolio statement:

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

   (b) ☐ 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.

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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.*