

FIJI INFRASTRUCTURE BONDS TENDER FORM

ISIN	Coupon	Tenor	First Issue Date	First Coupon Date	Maturity Date	Yield curve as at 07 June 2023
FJ1266452648	0.56%	2 Years	03-05-2023	03-11-2023	03-05-2025	0.56%
FJ1266452655	0.98%	3 Years	03-05-2023	03-11-2023	03-05-2026	0.98%
FJ1266452663	1.81%	5 Years	03-05-2023	03-11-2023	03-05-2028	1.82%
FJ1266452671	4.15%	15 Years	03-05-2023	03-11-2023	03-05-2038	4.17%
FJ1266452689	4.59%	20 Years	03-05-2023	03-11-2023	03-05-2043	4.60%

Investor Type: Individual(s) Corporate Body Trust

(Please tick which maturity is being tendered for)

➤ 2 Year Bond []

➤ 3 Year Bond []

➤ 5 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***: _____

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

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:

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.