

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 Aug 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%
FJ1611523796	4.15%	15 Years	30 Sep 2026	30 Mar 2027	30 Sep 2041	4.15%
FJ1593726227	5.75%	20 Years	05 Aug 2026	05 Feb 2027	05 Aug 2046	5.80%

(Please tick which maturity is being tendered for)

3-year Bond [☐] 5-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 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*:

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c) Postal Address: _____

d) Physical Address: _____

e) Telephone/Mobile No.: _____

f) Email: _____

g) Designation/Occupation**: _____

h) TIN #***:

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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.:

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Account Name: _____

6. Name/s, Signature/s & Designation of authorised dealers. (Company stamp for corporate body)

a) _____

b) _____

c) _____

Date:

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- 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.