Certified Copy of Identity Card (ID)

Receiving stamp

CENTRAL BANK OF SWAZILAND

Investments and Exchange Department, P.O. Box 546, Mbabane,
Tel: 2408-2144 / 2212, Fax 2404-8530

GOVERNMENT BONDS APPLICATION FORM FOR INDIVIDUAL INVESTORS

Tender Date									LOCAL CODE (TENDER NO :)												
Settlement Date									ISIN CODE												
Maturity Date																					

Investor's/Account Name	
ID Number	
Nationality	
Next of Kin	
Telephone	
Relationship	

FINANCIAL DETAILS

Nominal amount applying for (Minimum of E10,000 in multiples of E1,000)	
Nominal Amount in words:	
SOURCE OF FUNDS:	

CONTACT DETAILS OF INVESTOR:

Postal Address:

Physical Address:

Telephone:	Cell:	Fax:

Email:

Occupation:

Please fill all the sections and make sure the information entered into this form is correct and accurate. By signing this form, you agree that the information entered is correct and will be used on the Government Bond processing:

Signature: _____

Date: _____

At maturity and/or payment of coupons, please indicate how you want your Account to be credited;

By transfer: ☐

By Cheque: ☐

Name to whom Cheque will be drawn

_____

If you need a transfer to your Account, specify details below;

Name of Bank: _____

Branch Name: _____

Branch Code: _____

Account Number: _____

- No application will be processed without an applicant's signature.
- It remains the duty of the applicant to find out whether the application made was successful or not.
- Money will be deposited back to the customer should the application be unsuccessful.
- All bids must be submitted in multiples of E1, 000 subject to a minimum bid amount of E10, 000

RECEIVED AND CHECKED BY: ……..

SIGNATURE: …… DATE: ……