

## Application to Purchase The Government of The Commonwealth of The Bahamas Savings Bond (BSB)

<b>[SECTION-1] (Mandatory) To be completed by Primary Security Holder (Name To be Represented on E-Certificate)</b>					
Existing Holder of BSB?		PRIMARY APPLICANT: First Name		Middle Name	Last Name
Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>ADDRESS INFORMATION</b>					
Street & P.O. Box (#...Name)				Location/Island/Country	
Telephone [Home]		Telephone [Mobile]		Place of Employment	
Email				Date of Birth (DD-MM-YYYY)	
SIGNATURE				NIB#	
Please identify investor and account type ( <i>institutional investors only</i> )				Date (DD-MM-YYYY)	
<b>[SECTION-2] (Optional) To be completed if BSB is to be jointly held (more than one holder)</b>					
<b>REGISTRATION TYPE (CHOOSE ONLY ONE)</b>					
<input type="checkbox"/> <b>AND</b> all parties are required for completing transactions		<input type="checkbox"/> <b>OR</b> either party may complete transactions individually		<input type="checkbox"/> <b>AND/OR</b> parties together OR anyone individually	
<input type="checkbox"/> <b>JOINT TENANTS</b>		<input type="checkbox"/> <b>TENANTS IN COMMON</b>			
Existing BSB Holder?	SECONDARY APPLICANT: First Name	Middle Name	Last Name	NIB#	Signature
[1] Yes <input type="checkbox"/> No <input type="checkbox"/>					
[2] Yes <input type="checkbox"/> No <input type="checkbox"/>					
[3] Yes <input type="checkbox"/> No <input type="checkbox"/>					
In Trust For (If Applicable):					
<b>ADDRESS, IF DIFFERENT FROM PRIMARY</b>					
Street (#...Name)				Location/Island/Country	
Telephone [Home]		Telephone [Mobile]		Places of employment (1 per holder)	
Email 1 + Additional Contact Information		Email 2 + Additional Contact Information		Email 3 + Additional Contact Information	
<b>[SECTION-3] (Mandatory) Security Tenors (please specify individual &amp; total value e.g. \$100, \$2,000, Total - \$2,100) Note: \$50,000 maximum amount per issue</b>					
<input type="checkbox"/> 1Y \$ _____ <input type="checkbox"/> 2Y \$ _____ <input type="checkbox"/> 4Y \$ _____ <input type="checkbox"/> 6Y \$ _____ <input type="checkbox"/> Total \$ _____					
<b>[SECTION-4] (Mandatory) Payment</b>					
Electronic Payment Made via Commercial Bank					Total Payment Made
BOB\$ _____ CIT\$ _____ CWB\$ _____ FCI\$ _____ FBL\$ _____ RBC\$ _____ SBL\$ _____					\$ _____
Digital Currency Payment Made via Sand Dollar					
Alias _____ OR Wallet ID _____					\$ _____
<b>[SECTION-5] (Mandatory) Primary Applicant's Bank Information (for interest and maturity payments)</b>					
Bank Name		Branch Name/Number		Account Number	
<b>[SECTION-6] (Mandatory) Acknowledgement of Disclaimer</b>					
I have read, understood, and accepted the information provided on the BSB Application Disclaimer					Insert Initials Here _____

Please email completed document to:  
[domesticofferings@centralbankbahamas.com](mailto:domesticofferings@centralbankbahamas.com) or [domesticdebt@centralbankbahamas.com](mailto:domesticdebt@centralbankbahamas.com)