

Application to Purchase The Government of The Commonwealth of The Bahamas Registered Stock (BRS)

[SECTION-1] (Mandatory) To be completed by Primary Security Holder (Name To be Represented on E-Certificate)					
Existing Holder of BSB?		PRIMARY APPLICANT: First Name		Middle Name	Last Name
Yes <input type="checkbox"/> No <input type="checkbox"/>					
ADDRESS INFORMATION					
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)	
[SECTION-2] (Optional) To be completed if BRS is to be jointly held (more than one holder)					
REGISTRATION TYPE (CHOOSE ONLY ONE)					
<input type="checkbox"/> AND all parties are required for completing transactions		<input type="checkbox"/> OR either party may complete transactions individually		<input type="checkbox"/> AND/OR parties together OR anyone individually	
<input type="checkbox"/> JOINT TENANTS		<input type="checkbox"/> TENANTS IN COMMON			
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):					
ADDRESS, IF DIFFERENT FROM PRIMARY					
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	
[SECTION-3] (Mandatory) Security Tenors (please specify individual & total value e.g. \$100, \$2,000, Total - \$2,100)					
<input type="checkbox"/> 1Y \$ _____ <input type="checkbox"/> 2Y \$ _____ <input type="checkbox"/> 3Y \$ _____ <input type="checkbox"/> 5Y \$ _____ <input type="checkbox"/> 7Y \$ _____ <input type="checkbox"/> 10Y \$ _____ <input type="checkbox"/> 20Y \$ _____ <input type="checkbox"/> 30Y \$ _____ Total \$ _____					
[SECTION-4] (Mandatory) Payment					
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 _____					\$ _____
[SECTION-5] (Mandatory) Primary Applicant's Bank Information (for interest and maturity payments)					
Bank Name		Branch Name/Number		Account Number	
[SECTION-6] (Mandatory) Acknowledgement of Disclaimer					
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 or domesticdebt@centralbankbahamas.com