TENDER FORM FOR SOLOMON ISLANDS GOVERNMENT REGISTERED BOND

[Issue authorized by the Public Financial Management Act 2013 and Government Loans and Securities Act (CAP 119)]

TO: The Central Bank of Solomon Islands, Honiara

1. Entity & Individual Identity Details

- A) Name of Applicant / Business/ Entity (please write complete name as per certificate of incorporation/ registration. Please do not abbreviate the name). Full Name of Person: Full Name of Business/ Entity: B) Status Please tick; • Financial Entities • Companies o Associations Others (please specify) C) Date of Incorporation: Place of Incorporation: D) (i) Business Registration Number, (Please submit verified copy Business registration). (ii) Date of commencement of business: ____/___/ (iii) Name (s) of beneficial owner (s) / A copy of Articles of Association. 2. Address Details A) Address: Town/ Village: _____ B) Contact Tel. (Office) _____ Tel. (Resident): _____ • Mobile: Fax: (677) • E-Mail: C) Proof of address to be provided by Applicant. Please submit ANY ONE of the following
 - valid documents & tick () against the document attached.
 - o Latest Electricity Bill or Water Bills
 - o Latest Bank Account Statement

Any other proof of address document (Please specify)

 Note more than 3 months old. Validity/ Expiry date of proof of address submitted _____/2023

3.	Source	of Funds

- A) Proof of Source of Funds to be provided by applicant. Please submit ANY ONE of the following valid documents and tick () against the document attached.
 - i. Profits/ Loss
- () tement ()
- ii. Latest Bank Account Statement

Any other (*Please specify*)

B) Expected frequency and value of investment: _____

4. Investment Details

Non-Competiti	ve – SBD 10,000	(face value), th	hereafter in mult	iples of SBD1,000.00

Competitive - SBD 100,000 (face value), thereafter in multiples of SBD10,000.00

In accordance with the Invitation to Tender dated <u>/2025</u>, we hereby tender for:

_____years (**Term of bond**), Bonds to a total face value of (SBD):

_____ (Amount in figures),

_____ (Amount in words).

(For Competitive Tender Only - Please indicate your bid rate in the space provided).

We undertake to accept the same of any lesser amount that may be allotted to Me/ Us at: -

• The yield of ______ per cent per annum.

For Multiple Competitive Tender Bids to complete the below section to bid on competitive basis.

Bid Number	Term (Years)	Maturity Date	Bid Volume (SBD)	Bid Volume in Words	Yield Bid Rate (%)

Note: All amount must be paid in the form of a bank cheque. Late submission will not be considered.

(Please tick where appropriate)

- Please forward the Bond Receipt to the address shown above
- We will collect the Bond Receipt when it is ready.

For interest and principle payment, please provide:

Account Holder Name: _____

Bank Name: _____

Account No: _____

DECLARATION

I/We hereby declare that the details provided above are true and correct to the best of my/ our knowledge and belief, and I/ We undertake to inform you of any changes therein, forthwith. In case of the above information is found to be false or misleading or untrue, I/We may hold liable for it.

Place: _____ Date: _____