## 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)]

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;				
ĺ	<ul> <li>Financial Entities</li> <li>Companies</li> </ul>				
	<ul> <li>Associations</li> </ul>				
	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. Add	ress Details A)				
Ac	dress:				
Ac					
Ad					
	Town/ Village:				
	Town/ Village:Contact				
	Town/ Village:  Contact Tel. (Office) Tel. (Resident):				
В)	Town/ Village:  Contact  Tel. (Office) Tel. (Resident):  Mobile: Fax: (677)				

\_\_\_\_/2025.

<ul><li>3. Source of Funds</li><li>A) Proof of Source of Funds to be provided by applicant. Please submit ANY ONE of the</li></ul>
following valid documents and tick () against the document attached.
i. Profits/ Loss ( ) ii.
Latest Bank Account Statement ( )
Any other (Please specify)
B) Expected frequency and value of investment:
4. Investment Details
Non-Competitive - SBD 10,000 (face value), thereafter in multiples 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//2025, we hereby tender for:
years ( <b>Term of bond</b> ), 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). W
undertake to accept the same of any lesser amount that may be allotted to Me/ Us at: - $\circ$
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	
and belief, and I/ We undertake to inform	led above are true and correct to the best of my/ our knowledge in you of any changes therein, forthwith. In case of the above ding or untrue, I/We may hold liable for it.
	Designation
Sinature	
Place:	Date: