



THE REGISTRAR
 NATIONAL DEBT
 CENTRAL BANK OF KENYA
 P.O. BOX 60000-00200
NAIROBI

FOR NATIONAL DEBT REGISTRY USE ONLY

APPLICATION NO. _____

APPLICATION FOR TREASURY BONDS

ISSUE NUMBER _____ DURATION _____ YEAR _____ VALUE DATE _____

TOTAL FACE VALUE (Kshs in figures) _____

FACE VALUE IN WORDS _____

(Minimum Kshs 50,000 for normal bonds & Kshs 100,000 for infrastructure bonds. All additions in multiples of Kshs 50, 000.)

INDICATE ONLY ONE RATE BELOW:

1. INTEREST/ COMPETITIVE RATE _____ 2. NON- COMPETITIVE/ AVERAGE RATE _____
 (INDICATE RATE IN THREE (3) DECIMAL PLACES) (TICK THE BOX)

Dear Sir/Madam,
 In accordance with the invitation to bid for the above bond issue, I/We hereby apply for Treasury Bonds of the issue referred to and the total face value shown. I/We have understood the general terms and conditions of the tender and undertake to abide by the same together with any rules and regulations that may be made by the Central Bank of Kenya relating to the Central Depository System.

INVESTOR DETAILS

FULL NAMES _____
 TELEPHONE _____ SOURCE OF FUNDS: Off shore Local
 CDS PORTFOLIO NUMBER _____ VIRTUAL ACCOUNT NO _____

ROLLOVER INSTRUCTIONS (Do not fill if not rolling over)

I/We authorise you to rollover the following;

MATURING ISSUE(S)

Maturing T. Bonds Issue No _____ Face Value Kshs _____
 Maturing Treasury Bill Issue No _____ 91 days Face Value Kshs _____
 Maturing Treasury Bills Issue No _____ 182 days Face Value Kshs _____
 Maturing Treasury Bills Issue No _____ 364 days Face Value Kshs _____

Please Note:

- Securities under lien cannot be rolled over
- Defaulters may be barred from investing in government securities
- CBK is not obliged to process incomplete or wrongly filled application forms
- Direct Debits will apply for all Commercial Banks, who will be debited with the cost of their respective successful bids
- All other Investors must instruct their Commercial Banks to make payments to their virtual account numbers before 2.00 pm on value date.

NAME _____
 SIGNATURE _____
 (Must be signatory to the CDS account)

NAME _____
 SIGNATURE _____
 (Must be signatory to the CDS account)

AGENT CODE _____

SIGNATURE & STAMP

Note: To apply for T/Bills please use appropriate forms

Terms and Conditions apply