

FOR OFFICIAL USE ONLY

APPLICATION NO.

CENTRAL BANK OF KENYA
P.O. BOX 60000-00200

NAIROBI

APPLICATION FOR TREASURY BILLS/BONDS

ISSUE NUMBER DURATION VALUE DATE

TOTAL FACE VALUE (Kshs in figures)

FACE VALUE IN WORDS _____
(Minimum Kshs. 100,000 for T-bills & infrastructure bonds & Kshs 50,000 for normal 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 Treasury Bill/Bond issue, I/We hereby apply for the issue referred to and the total face value shown below.

INVESTOR DETAILS

NAME (s)

SOURCE OF FUNDS: Local Offshore

SPECIFIC SOURCE: SALARY MATURING T-BILL/T-BOND OTHERS (Please specify)

TELEPHONE

CDS PORTFOLIO NO. VIRTUAL ACCOUNT NO.

FOR ROLLOVER INSTRUCTIONS ONLY

I/We authorize 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
- Central Bank of Kenya is not obliged to process incomplete or wrongly filled application forms ●Direct Debits will apply for all Commercial Banks ● All other Investors must instruct their Commercial Banks to make payments to their virtual accounts before 2.00 pm on value date.

By signing this form, I/We declare that:

- I/We fully understand the 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 investment in Government Securities and related services.
- The funds being invested for the purchase of the above Treasury Bill/Bond are not proceeds of crime as defined by the Proceeds of Crime and Anti- Money Laundering Act (No. 9 of 2009)

NAME _____

NAME _____

SIGNATURE _____
& STAMP (Must be signatory to the CDS account)

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& STAMP (Must be signatory to the CDS account)

AGENT CODE

Terms and Conditions apply