

APPLICATION FORM GOVERNMENT OF BELIZE

5.25 % Coupon Rate

10 - Yr Treasury Note

Director Finance Department Central Bank of Belize P.O. Box 852 Belize City

EMAIL ADDRESS:

Belize City		
Sir/Madam:		
I/We hereby apply for par value Th (amount in words MUS	ree Thousand T be a multiple of \$1,000.00)	Dollars
(% Coupon10Yr	Treasury Note. I/We
undertake to pay for the same in full at a price (premium	n) of \$100.40000	per one
Hundred dollar par value (specified up to five decimal p	laces) for a total value of \$	3,012.00.
The Notes should be registered in the name of:		
COMPANY NAME/ FULL NAME IN BLOCK LETTERS:	John Q. I	Public
COMPANY REGISTRATION NO/ SOCIAL SECURITY NO:	SS No. 0000	0178888
COMPANY REGISTRATION DATE/ DATE OF BIRTH:	1 January	1970
ADDRESS:	57 North Front Street, B	selize City, Belize
ORDINARY SIGNATURE:		
DATE:	13 January	2017
TELEPHONE NO:	223-0000	

jqpublic@yahoo.com

I hereby	authorize you to deposit amounts due to me in respect of my holdings of Government of Belize
5.25%	10 Year Treasury Note to my Account Number as per the information provided below:

BANK NAME:	ABC Bank Limited	_
BANK ADDRESS:	12345 Public Street	
ACCOUNT NAME:	John Q. Public	
ACCOUNT NUMBER:	0124561	
SIGNATURE:		
DATE:	13 January 2017	

For Official Use	
Issue No:	
Application No:	
CSD Reg. No:	
CSD Reg. No.	