

APPLICATION FORM GOVERNMENT OF BELIZE

5.25 % Coupon Rate

______ - Yr Treasury Note

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

EMAIL ADDRESS:

P.O. Box 852 Belize City			
Sir/Madam:			
I/We hereby apply for par value The (amount in words MUS		f \$1,000.00)	_ Dollars
(% Coupon	10 Yr Treasi	ury Note. I/We
undertake to pay for the same in full at a price (premium	i) of \$	104.51234	per one
Hundred dollar par value (specified up to five decimal p	laces) for a total v	value of \$	3,135.37
The Notes should be registered in the name of:			
COMPANY NAME/ FULL NAME IN BLOCK LETTERS:		John Q. Public	
COMPANY REGISTRATION NO/ SOCIAL SECURITY NO:		SS No. 000017888	38
COMPANY REGISTRATION DATE/ DATE OF BIRTH:		1 January 1970	
ADDRESS:	57 North F	Front Street, Belize (City, Belize
ORDINARY SIGNATURE:			
DATE:		13 January 2017	
TELEPHONE NO:		223-0000	

jqpublic@yahoo.com

I hereby a	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
200	
/0000000000	Issue No:
	Application No:
	CSD Reg. No: