



PASSPORT
PHOTOGRAPHY

ACCOUNT OPENING FORM (INDIVIDUAL)

1. Personal

Name SURNAME FIRST NAME OTHER NAME(S)

Sex M F Date of Birth DD MM 19--- Place of Birth

Nationality Mother's Maiden Name

Previous Address

Current Address

Nearest Bustop

City State Country

Mailing Address

Town STATE OF ORIGIN LGA STATE

E-mail Phone

Identity Type Driver's License National Identity Card Int. Passport Others

ID Number Expiry Date DD MM 19---

2. Career/Employment

Occupation Employer

Employer's Address

City State Country

Office Phone Ext Fax

Bank Details Bank Bank Verification No.

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Account Name Account No.

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Bank Account Source Of Funds

Account Type Date of Account Creation

3. Next of Kin Information

Name

Sex M F Date of Birth DD MM 19--- Relationship

Nationality

Current Address

Phone Email

I/We _____ of _____ A national of NIGERIA am (are) a prospective shareholder(s) in Securities quoted on the Nigerian Stock Exchange and I (We) hereby FREELY state that being aware of my (our) right to be issued with a share certificate(s) under sections 146 and 147 of the Companies and Allied matters Decrees 1990 and the Memoranda and Articles of Association of the listed companies for my (our) sole benefit and private purpose to hereby waive the said right and also DECLARE that I (we) shall accept as sufficient certification of my (our) shareholding any memorandum to that effect delivered to me(us) by the said listed company/companies or the **CENTRAL SECURITIES CLEARING SYSTEM LIMITED** acting on behalf of same satisfaction of my said right under the sections and Memoranda and Articles of Association aforementioned.

Date this.....day of.....20.....

SIGNED..... SEALED (Coy).....

INDEMNITY

I/We of..... Operate and continue to operate stock broking account(s) with FUNDVINE of Okoi Arikpo House 5, Idowu Taylor, Victoria island, Lagos (herein after called "The Company") as the beneficial owner of the investments hereby warehoused in the above designated stock broking house thereby declare as follows:

I/We am/are fully aware that Buy and/or Sell Mandate for the trade of shares/stocks/bonds through our CENTRAL SECURITIES CLEARING SYSTEM LTD (CSCS) Account Domiciled with the company shall be by Buy and /or Sell Mandate form executed in accordance with the existing mandate. I/We hereby acknowledge that the use of facsimile (fax), telephone, text messages, e-mail, letters (on letterhead or otherwise) or other unsecured means of communication to convey instructions for the trade of Shares/Stocks/Bonds on my account is associated with additional risks and fraud exposure.

And whereas, I/We had issued in the past and still intend to further issue buy/sell mandate;

The company has requested and I/We have agreed to provide the Indemnity under the conditions herein contained;

NOW THEREFORE, I/We instruct that the company should accept and execute instructions, and/or give effect to requests to buy or sell stocks on my behalf, and other instructions relating to my account on any of the services usually rendered by the company to her clients, where such instructions and/or requests are given by any of the aforementioned means.

Knowing fully well that any mandate that comes via electronic medium must come with client's phone numbers and email address as stated in the client's KYC form.

IN CONSIDERATION of the company agreeing to accept upon such instructions, communications and documents by facsimile (fax), telephone, e-mail, letters issued by me for the trade of shares/stocks/bonds and unaccompanied by a duly executed buy and/or sell mandate form, I/We hereby irrevocably undertake to indemnify the company and hold it harmless from against all costs (including without limitation to legal fees and expenses, claims, losses, liabilities, damages and proceedings) whatsoever that the company may suffer or incur or that may arise as a result of the company accepting or acting upon such instructions, communication or documents and including risks due to errors in transaction, misunderstanding or error on the part of the company regarding my/our identity.

I/We hereby irrevocably release the company from all liability in the event that any telephone, text messages, e-mail, facsimile transmission or letter is not received, or is mutilated, altered, illegible or interrupted, duplicated, incomplete, unauthorized or delayed for any reason.

The company shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile transmission or letters or instructions received by telephone unaccompanied by my executed Buy and/or Sell Mandate Form and/or to request verification of documents and instructions received by such means.

Furthermore, I/We do thereby undertake that I/We will at all times sufficiently Indemnify you and keep you indemnified against all liabilities and against all action suits, proceedings, claims, demand, cost and expenses whatever which may be taken or made against you incurred or become payable by you by reason of your reliance on the information provided in this account opening package and signature sample there

Dated this.....day of..... 20.....

In the presence of:

Signed, Sealed and Delivered by the within-named

Name.....

Name:

Signature.....

Signature.....

Please attach a copy of ID card (Drivers License, Voters Card or International passport and utility bill (Not latter than Last 3 Months)

Documents and Forms Attached to Application

APPLICATION FORM

Application List Opens
Monday, 15 July 2024



Application List Closes
Monday, 12 August 2024

Guaranty Trust Holding Company plc
RC1699945

Lead Issuing House

STANBIC IBTC CAPITAL LIMITED RC1031358

ABSA CAPITAL MARKETS
NIGERIA LIMITED RC1383925

Joint Issuing Houses

FCMB CAPITAL MARKETS
LIMITED RC446561

VETIVA ADVISORY SERVICES
LIMITED RC1804609

Offer for Subscription of 9,000,000,000 Ordinary Shares of 50 kobo each at ₦44.50 Per Offer Share
PAYABLE IN FULL ON APPLICATION

APPLICATIONS MUST BE IN ACCORDANCE WITH THE INSTRUCTIONS SET OUT IN THE PROSPECTUS. CARE MUST BE TAKEN TO FOLLOW THESE INSTRUCTIONS AS APPLICATIONS THAT DO NOT COMPLY MAY BE REJECTED. BEFORE SUBSCRIBING, PLEASE CONTACT YOUR STOCKBROKER, SOLICITOR, BANKER OR AN INDEPENDENT INVESTMENT ADVISER REGISTERED BY THE SEC FOR GUIDANCE, OR IF NOT RESIDENT IN NIGERIA AN APPROPRIATELY AUTHORISED INVESTMENT ADVISER IN YOUR JURISDICTION. By signing, completing and submitting this Application Form, you are indicating your legally binding acceptance of the Issuer's invitation to subscribe under this Offer, at the Offer Price, for the number of Offer Shares set out in the relevant Application Form, on the terms and conditions set out in the Prospectus and this Application Form. You are required to pay for your Offer Shares in full (Offer Price of ₦44.50 per Offer Share) at the time of Application.

Guide to Application (For Illustrative Purposes Only)	
Minimum Number of Shares	Naira Amount Payable
100 minimum	₦4,450.00
Subsequent multiples of 10	₦445

D	D	/	M	M	/	Y	Y	Y	Y
CONTROL NO. (for Registrars' use only)									

DECLARATION (PLEASE TICK)

<input type="checkbox"/>	I/We am/are 18 years of age or over
<input type="checkbox"/>	I/We note that Allotment will only be made in dematerialised form to my/our CSCS Account.
<input type="checkbox"/>	I/We note that the Issuer and the Issuing Houses are entitled in their absolute discretion to accept or reject this Application.
<input type="checkbox"/>	I/We attach the amount payable in full on Application for the Offer Shares in the share capital of Guaranty Trust Holding Company Plc.
<input type="checkbox"/>	I/We agree to accept the same or any smaller number of Offer Shares in respect of which Allotment may be made upon the terms of the Prospectus.
<input type="checkbox"/>	I/We declare that I/we have read the Prospectus, issued by the Issuing Houses on behalf Guaranty Trust Holding Company Plc.

PLEASE COMPLETE IN BLOCK LETTERS

APPLICATION DETAILS

NUMBER OF SHARES APPLIED FOR (IN FIGURES):	VALUE OF SHARES APPLIED FOR / AMOUNT PAID (IN FIGURES):
	₦

INVESTOR DETAILS (SELF / INDIVIDUAL APPLICANT (RESIDENT OR NON-RESIDENT NIGERIAN) OR CORPORATE APPLICANT)

TITLE	MR	MRS	MISS	OTHERS (PLEASE SPECIFY)
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SURNAME / CORPORATE NAME (AS REFLECTED ON CSCS STATEMENT)

FIRST NAME (SELF/INDIVIDUAL APPLICANT ONLY)	OTHER NAMES (SELF/INDIVIDUAL APPLICANT ONLY)
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FULL POSTAL ADDRESS (PLEASE DO NOT REPEAT APPLICANT NAME) POST BOX NO. ALONE IS NOT SUFFICIENT
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CITY/TOWN	STATE	COUNTRY OF RESIDENCE/DOMICILE
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PHONE NUMBER	TAX IDENTIFICATION NUMBER (CORPORATE ONLY)	DATE OF BIRTH
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E-MAIL ADDRESS

NAME OF NEXT OF KIN (FOR SELF INDIVIDUAL APPLICANT ONLY) CONTACT PERSON (CORPORATE APPLICANT ONLY)
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CHN NUMBER (CLEARING HOUSE NUMBER)	CSCS NUMBER
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NAME OF APPLICANT'S STOCKBROKER	MEMBER CODE
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APPLICATION ON BEHALF OF A THIRD-PARTY INDIVIDUAL INVESTOR (MINOR / RELATIVE / NON-RESIDENT NIGERIAN)

If this Application Form is being completed on behalf of a Third-Party Individual Investor (a Minor or a Relative or Non-Resident Nigerian), please complete this section. Applications will only be accepted from a parent, legal guardian, relative or other authorised representative (Individual Applicant's Representative), acting on behalf of such Third-Party Individual Investor. A Third-Party Individual Investor Application will be treated as separate from any Application that an Individual Applicant's Representative may have made or wish to make in his/her own name and such Application in the Individual Applicant's Representative's own name shall be made on a separate Application Form.

NAME OF INDIVIDUAL APPLICANT'S REPRESENTATIVE/PERSON SUBMITTING THIS APPLICATION FORM (SURNAME FIRST)

NATURE OF RELATIONSHIP (PARENT/LEGAL GUARDIAN/RELATIVE/OTHER AUTHORISED PERSON)

SURNAME OF THIRD-PARTY INDIVIDUAL INVESTOR (MINOR)	OTHER NAMES OF THIRD-PARTY INDIVIDUAL INVESTOR (MINOR)
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SURNAME OF THIRD-PARTY INDIVIDUAL INVESTOR (RELATIVE/NON-RESIDENT NIGERIAN) OTHER NAMES OF THIRD-PARTY INDIVIDUAL INVESTOR (RELATIVE/ NON-RESIDENT NIGERIAN)
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DATE OF BIRTH OF THIRD-PARTY INDIVIDUAL INVESTOR	COUNTRY OF RESIDENCE/DOMICILE
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FULL POSTAL ADDRESS OF 21 INDIVIDUAL INVESTOR (PLEASE DO NOT REPEAT APPLICANT NAME) POST BOX NO. ALONE IS NOT SUFFICIENT
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CHN NUMBER (CLEARING HOUSE NUMBER)	CSCS NUMBER
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NAME OF STOCKBROKER	MEMBER CODE
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PLEASE TURN OVER TO COMPLETE THE APPLICATION FORM

Please cut along the dotted line

