



**182 Day Treasury Bills
Tender Form**

Official Use
Application No.
Serial No.
Customer No.

Central Bank of Seychelles
P.O. Box 701
Victoria
Mahe

Date:

Dear Sir,

I/We apply for the amount stated below

Face Value ⁽¹⁾

Tender Price ⁽²⁾ *(Quote up to 2 (two) decimal places)*

I/We wish my/our name(s) to be inserted on the bills issued to me/us.

PLEASE USE BLOCK LETTERS

Full Name: **NIN ⁽³⁾:**

Full Name: **NIN ⁽³⁾:**

Please Tick (if applicable)

<input type="checkbox"/>	Either or Survivor
<input type="checkbox"/>	Jointly

Signature.....
of, or on behalf of, tenderer

I/We accept that it is my/our responsibility to make it known to the Central Bank of Seychelles of any change to the details provided below at my/our earliest opportunity.

FULL NAME AND ADDRESS

BANKING DETAILS

MR/MRS/MISS

BANK:

ADDRESS:

ACCOUNT NO

TELEPHONE :

⁽¹⁾ Amount should be a minimum of R 5,000 and in multiples of R 5,000.
⁽²⁾ The price offered should be quoted in Rupees and Cents per R 100 and quoted up to two decimal places.
⁽³⁾ Applicable to individuals only

Please Note: This application form should be enclosed in a sealed envelope marked "Confidential /Tender for Treasury Bills" and deposited in the Tender Box provided for the purpose at the Central Bank of Seychelles.

Defaulters shall be barred from investing in Government Securities. The Central Bank of Seychelles is not obliged to process incomplete or wrongly filled application forms.