

**APPENDIX B**

**BAHAMAS GRID COMPANY LTD.  
APPLICATION FORM FOR SENIOR UNSECURED BONDS**

**FOR USE BY A BODY CORPORATE, TRUST OR FUND**

Applications for a minimum of 50 Bonds will be accepted from 9:00 A.M. on Monday, 15 July 2024 until 5:00 P.M. on Friday, 26 July 2024 unless extended. Proof of full payment for the bonds subscribed must accompany this application. **CASH & CHEQUES WILL NOT BE ACCEPTED.**

Number of Bonds Requested: \_\_\_\_\_ Senior Unsecured Bonds

Payment made/Enclosed: B\$ \_\_\_\_\_

*(at B\$1,000.00 per Bond for a minimum of 50 Bonds and in multiples of 10 Bonds thereafter)*

Entity Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Registered Address: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location of Principal Place of Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

*Please note that all interest payments will be made electronically to the bank account below:*

Account Type:  Checking or  Savings

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Address on Account: \_\_\_\_\_

**Declaration:** I/We certify, that this Source of Funds Statement represents my true source of funds status as of this date, and my/our contribution to the account referenced. I/We further declare that the proceeds declared are derived from legitimate sources and that the source of this transaction is:

- |  |                                 |  |  |
|--|---------------------------------|--|--|
| <input type="checkbox"/> Savings and Investments | <input type="checkbox"/> Salary | <input type="checkbox"/> Business Income | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Sale of Property        | <input type="checkbox"/> Gift   | <input type="checkbox"/> Inheritance     | <input type="checkbox"/> Other         |

**Declaration**

The Subscriber(s), by signing this application, acknowledge(s) receipt of the Memorandum dated 12 July 2024 and make(s) the declarations as indicated on the continuing page of this application.

\_\_\_\_\_  
Signature of Authorized Signatory

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Authorized Signatory

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

The Subscriber(s), by signing the Application Form on the previous page, make(s) the following declarations:

**If a Corporation:**

1. the Subscriber is established under the laws of The Bahamas and is resident for exchange control purposes;
2. the Subscriber is wholly owned by individuals who are not U.S. Persons and who are citizens of The Bahamas or permanent residents with the unrestricted right to work; and
3. all necessary corporate action has been taken to authorize the purchase of the Bonds; and
4. the applicant is not applying for the Bonds as nominee for any other person, corporation, trust or fund that would not be an Eligible Investor.

**If a Trust or Pension Fund:**

1. beneficiaries of the trust or fund are not U.S. Persons and are citizens The Bahamas or permanent residents with the unrestricted right to work; and
2. the Subscriber is resident for exchange control purposes;
3. the Trustees of the trust and managers of the Pension Fund represent that they have the necessary power and all requisite actions have been taken to enable them to effect the purchase of the Bonds; and
4. The Subscriber is not applying for the Bonds as nominee for any other person, corporation, trust, or fund that would not be an Eligible Investor.

The Subscriber(s), by signing this Application Form:

1. agrees to the Terms and Conditions outlined in the Memorandum;
2. makes the Representations and Warranties in the Memorandum; and
3. agrees this is legal and binding agreement governed by the laws of The Bahamas.

The completed application and remittance must be received by 5:00 P.M., 26 July 2024, at the address below:

**COLINA FINANCIAL ADVISORS LTD**  
3<sup>rd</sup> Floor, 308 East Bay Street  
P.O. Box CB-12407 Nassau, The Bahamas  
Phone: (242) 502-7010 | Email: registrar@cfal.com

**Beneficiary Bank:** CIBC FirstCaribbean International Bank  
**Branch Code:** 9706 - Main Branch, Shirley Street  
**Account Name:** Colina Financial Advisors Ltd. (CFAL)  
**Account Number:** 201698297  
**Reference:** Applicant Name + "BGC Subscription"

Enclose the following:

1. Certificate of Good Standing
2. Certified or Notarized copy of the entity's formation document (Certificate of Incorporation, Memorandum & Articles of Association, trust agreement, etc.)
3. Certified or Notarized copy of list of authorized signatories
4. Register of Listing of Directors
5. Verification of identification for each Director (Certified or Notarized copy of Passport)
6. Proof of address for each Director (Certified or Notarized copy of utility bill, bank statement or voters card)