

**APPLICATION FORM**

Application List Opens  
Monday, 15 July 2024



Guaranty Trust Holding Company plc

Application List Closes  
Monday, 12 August 2024

**Lead Issuing House**

STANBIC IBTC CAPITAL LIMITED RC1031358

ABSA CAPITAL MARKETS  
NIGERIA LIMITED RC1343825

**Joint Issuing Houses**

FCMB CAPITAL MARKETS  
LIMITED RC446561

WETIVA ADVISORY SERVICES  
LIMITED RC1804609

Offer for Subscription of 9,000,000,000 Ordinary Shares of 50 kobo each at N44.50 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 WILL BE REJECTED BEFORE SUBSCRIPTION. PLEASE CONTACT YOUR STOCKBROKER, SOLICITOR, BANKER OR AN INDEPENDENT INVESTMENT ADVICE PROVIDER REGISTERED BY THE SECURITIES AND EXCHANGE COMMISSION IN NIGERIA AN APPROPRIATELY AUTHORISED INVESTMENT ADVISER IN YOUR JURISDICTION. By signing, submitting and submitting this Application Form, you are indicating your legal liability as a shareholder of the Issuer's intention to subscribe for the Offer and 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 the Offer Shares in full (Offer Price of N44.50 per Offer Share) at the time of Application.

Guide to Application (For Illustrative Purposes Only)	
Minimum Number of Shares	Naira Amount Payable
100 minimum	N4,450.00
Subsequent multiples of 10	N445

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

**DECLARATION (PLEASE TICK)**

- I/We am/are 18 years of age or over
- I/We note that Allotment will only be made in dematerialised form to my/our CSCS Account.
- I/We note that the Issuer and the Issuing Houses are entitled in their absolute discretion to accept or reject this Application
- I/We attach the amount payable in full on Application for the Offer Shares in the share capital of Guaranty Trust Holding Company Plc.
- 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
- 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) \_\_\_\_\_

SURNAME / CORPORATE NAME (AS REFLECTED ON CSCS STATEMENT)

FIRST NAME (SELF/INDIVIDUAL APPLICANT ONLY)

OTHER NAMES (SELF/INDIVIDUAL APPLICANT ONLY)

FULL POSTAL ADDRESS (PLEASE DO NOT REPEAT APPLICANT NAME) POST BOX NO. ALONE IS NOT SUFFICIENT

CITY/TOWN

STATE

COUNTRY OF RESIDENCE/DOMICILE

PHONE NUMBER

TAX IDENTIFICATION NUMBER (CORPORATE ONLY)

DATE OF BIRTH

E-MAIL ADDRESS

NAME OF NEXT OF KIN (FOR SELF INDIVIDUAL APPLICANT ONLY) CONTACT PERSON (CORPORATE APPLICANT ONLY)

CHN NUMBER (CLEARING HOUSE NUMBER)

CSCS NUMBER

NAME OF APPLICANT'S STOCKBROKER

MEMBER CODE

**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)

SURNAME OF THIRD-PARTY INDIVIDUAL INVESTOR (RELATIVE/NON-RESIDENT NIGERIAN) OTHER NAMES OF THIRD-PARTY INDIVIDUAL INVESTOR (RELATIVE/ NON-RESIDENT NIGERIAN)

DATE OF BIRTH OF THIRD-PARTY INDIVIDUAL INVESTOR

COUNTRY OF RESIDENCE/DOMICILE

FULL POSTAL ADDRESS OF 21 INDIVIDUAL INVESTOR (PLEASE DO NOT REPEAT APPLICANT NAME) POST BOX NO. ALONE IS NOT SUFFICIENT

CHN NUMBER (CLEARING HOUSE NUMBER)

CSCS NUMBER

NAME OF STOCKBROKER

MEMBER CODE

PLEASE TURN OVER TO COMPLETE THE APPLICATION FORM

Please cut along the dotted line

STANBIC IBTC CAPITAL LIMITED  
1000, Broad Street, Lagos

**RESORT SECURITIES & TRUST LTD.**  
(Member of the Nigerian Stock Exchange)  
(5th Floor) 94, Broad Street,  
Lagos.  
P. O. Box 6575, Marina, Lagos.

**APPLICATION FORM**

**APPLICATION ON BEHALF OF A THIRD-PARTY INVESTOR**

If this Application Form is being completed on behalf of a Third-Party Investor, please complete this section. Applications for a Third-Party Investor will only be accepted from a Fund Manager, Custodian, Nominee, Trustee, Administrator (the **Applicant's Representative**) acting on behalf of such Third-Party Investor. A Third-Party Investor Application will be treated as separate from any Application that an Applicant's Representative may have made or may wish to make in the Applicant's Representative's own name and such Application in the Applicant's Representative's own name shall be made on a separate Application Form. A copy of the formal instrument of authorisation of a Third-Party Investor Application to make the Application is required to be attached to this Application Form.

**NAME OF ENTITY SUBMITTING THIS APPLICATION FORM (APPLICANT'S REPRESENTATIVE)**  
 \_\_\_\_\_

**NATURE OF RELATIONSHIP**  
 \_\_\_\_\_

**NAME OF THIRD-PARTY INVESTOR**  
 \_\_\_\_\_

**FULL POSTAL ADDRESS (PLEASE DO NOT REPEAT NAME OF THIRD-PARTY INVESTOR OR APPLICANT REPRESENTATIVE) POST BOX NO. ALONE IS NOT SUFFICIENT**  
 \_\_\_\_\_

**CITY/TOWN** \_\_\_\_\_ **STATE** \_\_\_\_\_ **COUNTRY OF RESIDENCE/DOMICILE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **TAX IDENTIFICATION NUMBER** \_\_\_\_\_

**E-MAIL ADDRESS**  
 \_\_\_\_\_

**CHN NUMBER (CLEARING HOUSE NUMBER)** \_\_\_\_\_ **CSCS NUMBER** \_\_\_\_\_

**NAME OF STOCKBROKER** \_\_\_\_\_ **MEMBER CODE** \_\_\_\_\_

**JOINT APPLICANTS' DETAILS**

**JOINT APPLICANT 1:**  
**TITLE** MR  MRS  MISS  OTHERS (PLEASE SPECIFY) \_\_\_\_\_

**SURNAME**  
 \_\_\_\_\_

**FIRST NAME** \_\_\_\_\_ **OTHER NAMES** \_\_\_\_\_

**JOINT APPLICANT 2:**  
**TITLE** MR  MRS  MISS  OTHERS (PLEASE SPECIFY) \_\_\_\_\_

**SURNAME**  
 \_\_\_\_\_

**FIRST NAME** \_\_\_\_\_ **OTHER NAMES** \_\_\_\_\_

**FULL POSTAL ADDRESS (POST BOX NO. ALONE IS NOT SUFFICIENT)**  
 \_\_\_\_\_

**CHN NUMBER (CLEARING HOUSE NUMBER)** \_\_\_\_\_ **CSCS NUMBER** \_\_\_\_\_

**NAME OF STOCKBROKER** \_\_\_\_\_ **MEMBER CODE** \_\_\_\_\_

**BANK DETAILS (FOR E-PAYMENTS)**

<b>BANK NAME</b>	_____	<b>RC. NO (CORPORATE APPLICANT)</b>	_____
<b>ACCOUNT NUMBER</b>	_____	<b>CITY/STATE</b>	_____
<b>BRANCH</b>	_____	<b>2<sup>ND</sup> BVN (CORPORATE APPLICANT)</b>	_____
<b>BVN</b>	_____		

**SIGNATURE 1: (SELF/JOINT 1 APPLICANT)** \_\_\_\_\_ **SIGNATURE 2: (CORPORATE/JOINT 2/APPLICANT REPRESENTATIVE)** \_\_\_\_\_ **OFFICIAL SEAL (CORPORATE/APPLICANT REPRESENTATIVE)** \_\_\_\_\_

<b>NAME:</b>	_____	<b>NAME:</b>	_____
<b>DESIGNATION:</b>	_____	<b>DESIGNATION:</b>	_____

**ILLITERATE APPLICANT**  
 ILLITERATES PROTECTION LAW OF LAGOS STATE, CHAPTER 14, LAWS OF LAGOS STATE, NIGERIA, 2015

**RIGHT THUMBPRINT**  
 \_\_\_\_\_

**ATTESTATION IN CONNECTION WITH AN ILLITERATE APPLICATION (Compulsory legal requirement for a witness of a thumbprint impression only)**

I, \_\_\_\_\_ [Please insert full name of Attestant/Witness] of \_\_\_\_\_ (address) hereby testify that the above "thumbprint" was affixed in my presence this.....day of \_\_\_\_\_ 2024, and is the true right thumb print of \_\_\_\_\_ (Name of Illiterate Applicant) who has acknowledged to me after due explanation of the Application Form in the language understandable to him/her that (i) he/she has voluntarily executed this Application Form; and (ii) that s/he understands the contents and effect thereof.

As witness my hand this.....day of....., 2024.

**Witness Signature:** \_\_\_\_\_

**STAMP OF RECEIVING AGENT** \_\_\_\_\_ **NAME OF RECEIVING AGENT** \_\_\_\_\_

**RESORT SECURITIES & TRUST LTD.**  
 (Member of the Nigerian Stock Exchange)  
 (5th Floor) 94, Broad Street,  
 Lagos.  
 P. O. Box 6575, Marina, Lagos