

NON-COMPETITIVE

The Governor
Central Bank of Trinidad & Tobago
Independence Square
Port of Spain

Issue No.:

Dear Sir:

I/We hereby apply for Treasury Bills to be issued on to the face value of \$.....
I/We undertake to take up any amount of bills that may be allotted to me/us at the average discount rate of accepted competitive bids.

Yours faithfully

1. PRIMARY HOLDER

2. JOINT HOLDER (#1)

.....
ADDRESS

.....
ADDRESS

.....
.....

.....
.....

Telephone.....

Telephone.....

Date of Birth (if applicable).....

Date of Birth

ID#/DP#/Passport#.....

ID#/DP#/Passport#.....

Bank & Account No.:

SAVINGS CHEQUING

.....
(Company Stamp and/or Authorised Signature)

.....
(Signature)

3. JOINT HOLDER (#2)

4. JOINT HOLDER (#3)

.....
ADDRESS

.....
ADDRESS

.....
.....

.....
.....

Telephone.....

Telephone.....

Date of Birth

Date of Birth

ID#/DP#/Passport#.....

ID#/DP#/Passport#.....

.....

(Signature)

.....

(Signature)

FOR OFFICIAL USE ONLY

BID STATUS

MATURING ISSUE

PAYMENT MODE

\$

ROLL-OVER

\$

RTGS

\$

CHEQUE DEPOSIT

\$

MATURITY CHEQUE

\$

CASH DEPOSIT

\$

REFUND CHEQUE

ALL PAYMENTS WILL BE MADE TO THE FIRST REGISTERED HOLDER

Issue No. Name(s) of Applicant(s)

Issue Date

Face value of Treasury Bills Applied For \$.....

Amount Received \$.....