

LONG TERM BOND PROGRAMME APPLICATION FORM

Application List
Opening Date
[23rd June 2021]



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Up to FRw 6,500,000,000 LONG TERM BOND PROGRAMME

For the offering of Long Term Bond Programme of Unsecured Fixed Rate Bond

I/We, the undersigned hereby apply to purchase the amount specified below of the Fixed Rate Bond (the “Bond”) to be issued by ENERIGICOTEL “ECTL” PLC upon the terms and conditions set out in this application form and the Prospectus dated 18th June 2021.

(Please tick appropriate box)

Insert type of Bonds		CORPORATE BOND	
Applications must be made in accordance with the instructions set out in this document. Care must be taken to follow these instructions as applications that do not comply may be rejected. If you are in any doubt, please consult the Transaction Advisor or Sponsoring Broker or Selling Agent for guidance.			
Please complete all relevant sections of this Form USING BLOCK LETTERS WHERE APPLICABLE			
PARTICIPANT STATUS		DATE (DD/MM/YYYY)	CONTROL NO.
<i>(PLEASE TICK ✓)</i>		<i>DECLARATION (PLEASE TICK ✓)</i>	<i>(FOR REGISTRARS' USE ONLY)</i>
<input type="checkbox"/>	Resident	I/We note that the Issuer and the Sponsoring Broker are entitled in their absolute discretion to accept or reject this application.	
<input type="checkbox"/>	Non Resident		
<input type="checkbox"/>	Tax Exempt	I/We confirm that I/we have read the Prospectus dated 18 th June 2021 and that my/our application(s) is/are made on the terms set therein.	
<input type="checkbox"/>	Taxable	I/We agree to accept the Principal Amount as may be allocated to me/us subject to the terms in this Pricing Supplement.	
PARTICIPANT TYPE <i>(PLEASE TICK ✓)</i>		I/We authorise you to enter my/our name on the Register of Note holders of the Bonds that may be allotted to me/us and to register my/our address as given below.	
<input type="checkbox"/>	Pension Fund Manager	I/We hereby irrevocably undertake and confirm my/our application(s) for Bonds is on the terms outlined in the relevant Pricing Supplement.	
<input type="checkbox"/>	Unit Trust		
<input type="checkbox"/>	Insurance Company		

Please credit my/ our CSD Account as detailed below to the extent of the Notes are allotted:

PARTICIPANT'S CSD ACCOUNT NO:																				
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BANK DETAILS FOR INTEREST PAYMENTS																			
BANK NAME												BRANCH							
CITY/District																			
ACCOUNT NO:																			
SIGNATURES																			
SIGNATURES										2ND SIGNATURE (CORPORATE/JOINT)									
NAME OF AUTHORISED SIGNATORY <i>(Corporate only)</i>										NAME OF AUTHORISED SIGNATORY <i>(Corporate/Joint):</i>									
DESIGNATION <i>(Corporate only):</i>										DESIGNATION <i>(Corporate only):</i>									

1. Completing the form

This completed form should be forwarded by fax, email or by hand to the Transaction Advisor or Sponsoring Broker at the following address:

KN 4 Ave, Kigali, Rwanda.

Contact person: Carine Umutoni, Managing Director

Email address: c.umutoni@bk.rw/ bkcapital@bk.rw

Application lists will close at 23h 59m on 7th July, 2021

- All alterations to this application form must be authenticated by full signature. All applications must be made without any conditions stated by applicants.
- Under no circumstances whatsoever may the name of the applicant be changed and if this is done then the application form will be invalid.
- Applications are made subject to the provisions of the Prospectus to which this form is attached

Application lists continued...

- Applications are irrevocable and may not be withdrawn or amended without the written consent of the Issuer
- Individual applicants must be 18 years of age or older.

2. Acceptance

By signing an application form the applicant undertakes

- For Non Professional Investors: to pay to the Issuer on the date the offer closes, in same day funds, the purchase price for the Notes subscribed for;
- For Professional Investors: to pay to the Issuer on the Issue Date in same-day funds the purchase price for the Notes allotted to it in accordance with the provisions of the Agency Agreement.

For the purposes of this clause and clause 3b below, a Professional Investor refers to (i) any person licensed under the CMA Act; (ii) an authorized scheme or collective investment scheme; (iii) a bank or subsidiary of a bank, insurance company, cooperative, statutory fund, pension or retirement fund; or (iv) a person including a company, partnership, association or a trustee on behalf of a trust which, either alone, or with any associates on a joint account subscribes for Notes with an issue price of at least one hundred million Francs

3. Settlement procedure

Payment of the purchase price for the Notes may be made:

- Non Professional Investors: by bank transfer/remittance using real time gross settlement (RTGS), to be made on application for subscription of the Bonds, to the Issuer's **FRw Account No. 00040 - 06989708 - 24 Bank of Kigali** or such other accounts as may be provided in the books of the Fiscal Agent and Registrar, not later than **23h59 (Rwanda time)** on the settlement date of each issue; and
- Professional Investors: by bank transfer/remittance using real time gross settlement (RTGS), to be made on the instructions of the successful applicant to his bank of the funds for credit of the Issuer's **FRw Account No. 00040 - 06989708 - 24 Bank of Kigali** or such other accounts as may be provided in the books of the Fiscal Agent and Registrar, not later than **23h59 (Rwanda time)** on the settlement date of each issue.

4. General

The Prospectus and any contracts resulting from an acceptance of an application for the Notes shall be governed and construed in accordance with Rwandan law