

APPENDIX B

**FOCOL HOLDINGS LIMITED
APPLICATION FORM FOR SERIES F PREFERENCE SHARES**

FOR USE BY A BODY CORPORATE, TRUST OR FUND

Applications for a minimum of 500 Shares will be accepted from 9:00 A.M. on Monday, 15 April 2024 until 5:00 P.M. on Friday, 26 April 2024 unless extended. Proof of full payment for the Shares subscribed must accompany this application. **CASH & CHEQUES WILL NOT BE ACCEPTED.**

Number of Preference Shares Requested: _____

Payment Made/Enclosed: B\$ _____

(at B\$100.00 per Preference Share for a minimum of 500 Preference Shares and in multiples of 100 Preference Shares 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 dividend 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:

Savings and Investments Salary Business Income Rental Income

Sale of Property Gift Inheritance Other

Declaration

The Subscriber(s), by signing this application, acknowledge(s) receipt of the Memorandum dated 11 April 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 Preference Shares; and
4. the applicant is not applying for the Preference Shares 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 Shares; and
4. The Subscriber is not applying for the Preference Shares 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 April 2024, at the address below:

COLINA FINANCIAL ADVISORS LTD
3rd Floor, 308 East Bay Street
P.O. Box CB-12407 Nassau, The Bahamas
Phone: (242) 502-7010 | Email: focol@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 + “FCL 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)