

**ISLAND POWER PRODUCERS LIMITED
APPLICATION FORM FOR SENIOR UNSECURED BONDS**

FOR USE BY INDIVIDUAL(S)

Applications for a minimum of 50 Bonds will be accepted from 9:00 A.M. on Thursday, 6 November 2025 until 5:00 P.M. on Friday, 14 November 2025 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)

Surname: _____ First Name(s): _____

☐ Bahamian Citizen or ☐ Permanent resident with unrestricted right to work in The Bahamas

House Number and Street: _____

City: _____ Country: _____ P.O. Box: _____

Date of Birth: _____ E-Mail: _____

Telephone No.: _____ (M) _____ (H) _____ (W)

Employment: ☐ Self-Employed ☐ Retired ☐ Employed

Occupation: _____ Employer: _____

If self-employed, Name & Nature of Business: _____

Nationality: _____ NIB Number: _____ Passport Number: _____

if applicable, Co-Owner:

Surname: _____ First Name(s): _____

☐ Bahamian Citizen or ☐ Permanent resident with unrestricted right to work in The Bahamas

House Number and Street: _____

City: _____ Country: _____ P.O. Box: _____

Date of Birth: _____ E-Mail: _____

Telephone No.: _____ (M) _____ (H) _____ (W)

Employment: ☐ Self-Employed ☐ Retired ☐ Employed

Occupation: _____ Employer: _____

If self-employed, Name & Nature of Business: _____

Nationality: _____ NIB Number: _____ Passport Number: _____

All joint accounts will be registered as joint tenants with Rights of Survivorship.

Beneficiary Designation:

Indicate Status of the Beneficiary Designation: ☐ Revocable or ☐ Irrevocable

Primary Beneficiary ☐ Individuals ☐ Estate

Name of Beneficiary: _____ % _____

Relationship to Investor: _____ Date of Birth: _____

Name of Beneficiary: _____ % _____

Relationship to Investor: _____ Date of Birth: _____

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:

- | | | | |
|--|---------------------------------|--|--|
| ☐ 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 31 October 2025 and make(s) the declarations as indicated on the continuing page of this application.

Signature

Signature of Joint Subscriber/Co-owner (if applicable)

The Subscriber(s), by signing this Application Form make(s) the following declarations:

1. the Subscriber is a natural person; and
2. Subscriber is 18 years of age or older; and
3. the Subscriber is a citizen of The Bahamas or a permanent resident with an unrestricted right to work; and
4. the Subscriber is not a U.S Person; and
5. the Subscriber is not applying for the Bonds as nominee for any other person that is not a Bahamian citizen or a permanent resident with the unrestricted right to work.

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., 14 November 2025, 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: registrar@cfal.com

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

Enclose the following:

1. First 4 pages of passport
2. Copy of NIB card or driver's license
3. Proof of address (Utility Bill, Bank Statement or Voters Card)