

**APPENDIX A**

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

**FOR USE BY INDIVIDUAL(S)**

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)*

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: \_\_\_\_\_

***If the application includes a Co-Owner, shares will be registered as Joint tenants with rights of survivorship.***

*If Shares are held on Trust – provide details of each ultimate beneficial owner (add additional sheets as necessary):*

Indicate Status of the Beneficiary Designation:  Revocable or  Irrevocable

Primary Beneficiary  Individuals  Estate

Name of Beneficiary: \_\_\_\_\_ % \_\_\_\_\_

Relationship to Investor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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:

- |  |                                 |  |  |
|--|---------------------------------|--|--|
| <input type="checkbox"/> Savings and Investments | <input type="checkbox"/> Salary | <input type="checkbox"/> Business Income | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Sale of Property        | <input type="checkbox"/> Gift   | <input type="checkbox"/> Inheritance     | <input type="checkbox"/> 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

\_\_\_\_\_  
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 Shares 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., 26 April 2024, at the address below:

**COLINA FINANCIAL ADVISORS LTD**  
3<sup>rd</sup> 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. First 3 pages of passport
2. Copy of NIB card or driver's license
3. Proof of address (Utility Bill, Bank Statement or Voters Card)