

TREASURY BILL BID FORM

Primary Holder Information				
Name:		Gender:		
Address:		Telephone No:		
TRN:	Branch Code (if applicable)	Date Of Birth/Company Start Date:		
Secondary Holder(S) Information				
Name:		Gender:		
TRN:		Date Of Birth:		
Name:		Gender:		
TRN:		Date Of Birth:		
Treasury Bill Details				
Bid Price	Face Value/(Nominal)	Yield Equivalent	Auction Date	Tenure (approx.)e.g. 90 day, 365 day
Credit Maturity Proceeds (if bid is successful) to:				
Account Number:				
Account Name:				
JMMB A/C to Debit for Payment:				
Client Signature:				
Date:				
CRO Name:		Branch		
Signature/Stamp:				
Form must be completed and signed by client; reviewed by CRO and faxed to the Settlement Department at 926-3685. CRO must confirm receipt of Form by Settlement.				