

APPLICATION FORM
PSN PHARMACY TOWER BUILDING FUND:

Fidelity Bank Account Number: 5620129596



Application List Opens
 18 March 2020

Application List Closes
 31 December 2020

PHARMACEUTICAL SOCIETY OF NIGERIA
COOPERATIVE FUND RAISING
1,980,000,000 DEBENTURE ISSUANCE

AT PAR
PAYABLE IN FULL ON APPLICATION

Number of Notes applied for	Value of Notes applied for ₦	Value of cash/cheque/draft attached ₦

DECLARATION

I/We, being 18 years of age or over attach a cheque/bank draft/ for the above-stated sum being the amount payable in full on application for the above number of Notes in Pharmaceutical Society of Nigeria (PSN) at ₦1,000 per Note. I/We agree to accept the same or any smaller number of Notes in respect of which allotment may be made upon the terms of the Issue and subject to the Debenture Deeds of PSN.

I/We, authorize you to send a Note certificate and/or a cheque for any amount overpaid, by post to the address given below at my/our risk and to procure registration in my/our name(s) as the holder(s) of such number of Notes of such smaller number, as aforesaid.

<p>1. Individual Applicant Usual Signature/Thumb Print _____ Surname _____ <i>State title or whether Chief/Dr/Mr./Mrs.</i> Other Names [in block letters] _____ Occupation _____ Full Postal Address _____ Telephone Number _____ Next of kin _____ If thumb print, witnessed by _____</p> <p>2. Joint Applicants Usual Signature [for joint applicants] _____ Surname _____ <i>State title or whether Chief/Dr/Mr./Mrs.</i> Other Names [in block letters] _____ Occupation _____ Full Postal Address _____ Telephone Number _____ Next of kin _____ If thumb print, witnessed by _____</p> <p>3. Corporate Applicant Full Name _____ Address _____ Incorporation Number/Corporate Seal _____ Authorised Signatory _____ Authorised Signatory _____ Telephone Number _____</p>
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Date: _____ 2020

<p>For Secretary Use Only:</p> <ul style="list-style-type: none"> • Number of Notes applied for: • Notes Allotted: • Amount Paid: • Amount to be Returned:
