

| BOOKBUILD PERIOD |              |  |  |  |  |  |  |  |  |  |
|------------------|--------------|--|--|--|--|--|--|--|--|--|
| OPENS            | CLOSES       |  |  |  |  |  |  |  |  |  |
| MAY 05, 2023     | MAY 12, 2023 |  |  |  |  |  |  |  |  |  |

### **COMMITMENT FORM**

## LAGOS STATE GOVERNMENT

OFFER FOR SUBSCRIPTION (BY WAY OF A BOOKBUILD) OF

UP TO  $\mathbb{N}100,000,000,000$ 

SERIES I: 10 YEAR [●]% FIXED RATE BONDS DUE 2032

UNDER THE №1,000,000,000,000 DEBT AND HYBRID INSTRUMENTS ISSUANCE PROGRAMME

LEAD ISSUING HOUSE / BOOKRUNNER Chapel Hill Denham Advisory Limited



CHAPEL HILL DENHAM

JOINT ISSUING HOUSES / BOOKRUNNERS





















IN WORDS



















Orders must be made in accordance with the instructions set out in this Pricing Supplement. Care must be taken to follow these instructions as applications that do not comply may be rejected. If you are in any doubt, please consult your Stockbroker, Accountant, Banker, Solicitor or any professional adviser for guidance. By signing this form, you confirm and agree that the Issuing Houses are acting as agents for the Issuer and no other party, including any investor, in relation to the Offer.

| All Sections of this Form must be completed (as applicable) PLEASE USE BLOCK LETTERS |  |   |   |   |       |      |      |  |         |  |  |   |  |  |  |  |  |
|--|--|---|---|---|-------|------|------|--|---------|--|--|---|--|--|--|--|--|
| QUALIFIED INVESTOR (PLEASE TICK ✓)   |  |   |   | DAT                                       | E (DI | /MM/ | YYYY | CONTROL No. (FOR REGISTRARS' USE ONLY) |         |  |  |   |  |  |  |  |  |
| High Net worth Investors   |  |   | 1   |   |       | /    | 2    | 0                                      |         | 2  | 3  |   |  |  |  |  |  |
| Fund Managers  | DECL   | ARATIO  | <u>N</u>  |   |       |      |      |  |         |  |  |   |  |  |  |  |  |
| Pension Fund Administrators  | this Issue in accordance with the applicable SEC rules and |   |   |   |       |      |      |  |         |  |  | I/We authorise the Issuer to amend the Pricing Supplement as may be required for purposes of filing a final version with the SEC  |  |  |  |  |  |
| Insurance Companies  |  |   |   |   |       |      |      |  |         |  |  | without recourse to me/us and I/we use this commitment form as  |  |  |  |  |  |
| Investment/Unit Trusts   |  |   | I/We confirm that I/we have read the Pricing Supplement dated on the terms set          |   |       |      |      |  |         | I/We note that the Issuer and the Issuing House/Bookrunner are |  |   |  |  |  |  |  |
| Market Makers  | ✓  |   | nerein.   | that myour order is made on the terms set |       |      |      |  |         |  |  | entitled in their absolute discretion to accept or reject this order.   |  |  |  |  |  |
| Staff Schemes  |  |   |   |   |       |      |      |  |         |  |  | I/We agree to accept the participation amount as may be allocated to me/us subject to the terms of the Pricing Supplement.        |  |  |  |  |  |
| Trustees/Custodians  | ✓  |   | Amount set out below at the Coupon to be discovered<br>hrough the book building process |   |       |      |      |  |         | ed   | I/We confirm that we have conducted all appropriate Know-your- |   |  |  |  |  |  |
| Banks  |  | I/We authorise you to enter my/our name on the register as a holder(s) of the Bonds that may be allotted to me/us |   |   |       |      |      |  |         |  | <b>V</b>   | customer identification and verification checks on the subscribers<br>to our fund/investment vehicle, in line with all applicable |  |  |  |  |  |
| Private Equity Funds   | <b>V</b>   |   | and to register my/our address as given below.  |   |       |      |      |  | IIIC/ U | 15   |  | AML/CFT legislation and regulations.  |  |  |  |  |  |

#### PARTICIPATION DETAILS (the Participation Amount(s) and the Bid Coupon Rate(s) being offered must be indicated in the boxes below)

Participants have the option to make a maximum of three (3) orders on the Commitment Form. Each option shall be regarded as a separate application and will be not be considered as multiple applications. All orders must be for a minimum amount of \$\frac{1}{2}\$10,000,000.00 (Ten Million Naira) and in multiples of \$\frac{1}{2}\$1,000.00 (One Thousand Naira) thereafter.

| ORDER 1                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|
| PARTICIPATION AMOUNT (MINI | ARTICIPATION AMOUNT (MINIMUM AMOUNT OF N10 MILLION AND IN MULTIPLES OF N1,000.00 THEREAFTER) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | BID COUPON RATE |  |
| In Figures                 | N  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| In Words                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |

#### ORDER 2 PARTICIPATION AMOUNT (MINIMUM AMOUNT OF \$10 MILLION AND IN MULTIPLES OF \$1,000.00 THEREAFTER) BID COUPON RATE IN FIGURES IN WORDS

#### ORDER 3 PARTICIPATION AMOUNT (MINIMUM AMOUNT OF £10 MILLION AND IN MULTIPLES OF £1,000.00 THEREAFTER)BID COUPON RATE IN FIGURES N

PLEASE TURN OVER TO COMPLETE THIS FORM **1** | Page

# COMMITMENT FORM (REVERSE SIDE) PARTICIPATION DETAILS (INDIVIDUAL/CORPORATE/JOINT) (Please use one box for one alphabet leaving one box blank between first word and second) SURNAME/CORPORATE NAME FIRST NAME (FOR INDIVIDUALS ONLY) OTHER NAMES (FOR INDIVIDUALS ONLY) JOINT APPLICANT'S FIRST NAME (IF APPLICABLE) OTHER NAMES (FOR JOINT APPLICANT ONLY) CONTACT PERSON (FOR CORPORATE APPLICANT) / NEXT OF KIN (FOR INDIVIDUAL APPLICANT) PHONE NUMBER 1 PHONE NUMBER 2 EMAIL ADDRESS ADDRESS IN FULL (PLEASE DO NOT REPEAT APPLICANT(S)' NAME). POST BOX NO. ALONE IS NOT SUFFICIENT ALLOTMENT PREFERENCE Please tick ✓ to indicate an allotment preference - CERTIFICATE / LECTRONIC (BOOK ENTRY) Please credit my/our Investor's Account as detailed below to the extent of the Bonds allotted on CSCS / FMDQ-D: PARTICIPANT'S CSCS ACCOUNT NO. CHN (CLEARING HOUSE NO.) CLIENT BPID No.\* FMDQ-D PARTICIPANT'S BPID No.\* NAME OF STOCKBROKING FIRM BROKER CODE BANK DETAILS (FOR E-PAYMENTS) BANK NAME BRANCH ACCOUNT NO. (NUBAN ACCOUNT) CITY / STATE **BVN** (OF ACCOUNT SIGNATORIES) TAX IDENTIFICATION NUMBER (FOR CORPORATE INVESTORS) 2<sup>ND</sup> SIGNATURE (CORPORATE / JOINT) SEAL & RC. NO. SIGNATURE NAME OF AUTHORISED SIGNATORY (CORP ONLY) NAME OF AUTHORISED SIGNATORY (CORP/JOINT) **DESIGNATION (CORP ONLY) DESIGNATION (CORP/JOINT)** RC Meristem Registrars & Probate **Services Limited** STAMP OF BOOK RUNNER / SELLING AGENT 213 Herbert Macaulay Way Yaba, Lagos Web: www.meristemng.com Email: contact@meristemng.com Tel: 0700-MERISTEM (BOOK RUNNERS / ISSUING HOUSES / STOCKBROKERS TO THE ISSUE ONLY)

<sup>\*</sup>BPID - BUSINESS PARTNER IDENTIFICATION NUMBER