APPLICATION FORM

GTCO
Guaranty Trust Holding Company plc
RC 1690945

Application List Opens Monday, 15 July 2024		Application List Closes Monday, 12 August 2024

Lead Issuing House
STANBIC IBTC CAPITAL LIMITED RC1031358

Joint Issuing Houses

ABSA CAPITAL MARKETS NIGERIA LIMITED RC1383925	FCMB CAPITAL MARKETS LIMITED RC446561	VETIVA ADVISORY SERVICES LIMITED RC1804609

Offer for Subscription of 9,000,000,000 Ordinary Shares of 50 kobo each at ₦44.50 Per Offer Share
PAYABLE IN FULL ON APPLICATION

APPLICATIONS MUST BE IN ACCORDANCE WITH THE INSTRUCTIONS SET OUT IN THE PROSPECTUS. CARE MUST BE TAKEN TO FOLLOW THESE INSTRUCTIONS AS APPLICATIONS THAT DO NOT COMPLY MAY BE REJECTED. BEFORE SUBSCRIBING, PLEASE CONTACT YOUR STOCKBROKER, SOLICITOR, BANKER OR AN INDEPENDENT INVESTMENT ADVISER REGISTERED BY THE SEC FOR GUIDANCE, OR IF NOT RESIDENT IN NIGERIA AN APPROPRIATELY AUTHORISED INVESTMENT ADVISER IN YOUR JURISDICTION. By signing, completing and submitting this Application Form, you are indicating your legally binding acceptance of the Issuer's invitation to subscribe under this Offer, at the Offer Price, for the number of Offer Shares set out in the relevant Application Form, on the terms and conditions set out in the Prospectus and this Application Form. You are required to pay for your Offer Shares in full (Offer Price of ₦44.50 per Offer Share) at the time of Application.

Guide to Application (For Illustrative Purposes Only)

Minimum Number of Shares	Naira Amount Payable
100 minimum	₦4,450.00
Subsequent multiples of 10	₦445

D	D	/	M	M	/	Y	Y	Y	Y

CONTROL NO. (for Registrars' use only)

DECLARATION (PLEASE TICK)

- [ ] I/We am/are 18 years of age or over
- [ ] I/We note that Allotment will only be made in dematerialised form to my/our CSCS Account.
- [ ] I/We note that the Issuer and the Issuing Houses are entitled in their absolute discretion to accept or reject this Application.
- [ ] I/We attach the amount payable in full on Application for the Offer Shares in the share capital of Guaranty Trust Holding Company Plc.
- [ ] I/We agree to accept the same or any smaller number of Offer Shares in respect of which Allotment may be made upon the terms of the Prospectus.
- [ ] I/We declare that I/we have read the Prospectus, issued by the Issuing Houses on behalf Guaranty Trust Holding Company Plc.

PLEASE COMPLETE IN BLOCK LETTERS

APPLICATION DETAILS

NUMBER OF SHARES APPLIED FOR (IN FIGURES):

VALUE OF SHARES APPLIED FOR / AMOUNT PAID (IN FIGURES): ₦

INVESTOR DETAILS (SELF / INDIVIDUAL APPLICANT (RESIDENT OR NON-RESIDENT NIGERIAN) OR CORPORATE APPLICANT)

TITLE   MR [ ]   MRS [ ]   MISS [ ]   OTHERS (PLEASE SPECIFY)

SURNAME / CORPORATE NAME (AS REFLECTED ON CSCS STATEMENT)

FIRST NAME (SELF/INDIVIDUAL APPLICANT ONLY)   **OTHER NAMES (SELF/ INDIVIDUAL APPLICANT ONLY)**

FULL POSTAL ADDRESS (PLEASE DO NOT REPEAT APPLICANT NAME) POST BOX NO. ALONE IS NOT SUFFICIENT

CITY/TOWN   **STATE**   **COUNTRY OF RESIDENCE/DOMICILE**

PHONE NUMBER   **TAX IDENTIFICATION NUMBER (CORPORATE ONLY)**   **DATE OF BIRTH** D D / M M / Y Y Y Y

E-MAIL ADDRESS

NAME OF NEXT OF KIN (FOR SELF INDIVIDUAL APPLICANT ONLY) CONTACT PERSON (CORPORATE APPLICANT ONLY)

CHN NUMBER (CLEARING HOUSE NUMBER) C   **CSCS NUMBER**

NAME OF APPLICANT'S STOCKBROKER   **MEMBER CODE**

APPLICATION ON BEHALF OF A THIRD-PARTY INDIVIDUAL INVESTOR (MINOR / RELATIVE / NON-RESIDENT NIGERIAN)

If this Application Form is being completed on behalf of a Third-Party Individual Investor (a Minor or a Relative or Non-Resident Nigerian), please complete this section. Applications will only be accepted from a parent, legal guardian, relative or other authorised representative (**Individual Applicant's Representative**), acting on behalf of such Third-Party Individual Investor. A Third-Party Individual Investor Application will be treated as separate from any Application that an Individual Applicant's Representative may have made or wish to make in his/her own name and such Application in the Individual Applicant's Representative's own name shall be made on a separate Application Form.

NAME OF INDIVIDUAL APPLICANT'S REPRESENTATIVE/PERSON SUBMITTING THIS APPLICATION FORM (SURNAME FIRST)

NATURE OF RELATIONSHIP (PARENT/LEGAL GUARDIAN/RELATIVE/OTHER AUTHORISED PERSON)

SURNAME OF THIRD-PARTY INDIVIDUAL INVESTOR (MINOR)   **OTHER NAMES OF THIRD-PARTY INDIVIDUAL INVESTOR (MINOR)**

SURNAME OF THIRD-PARTY INDIVIDUAL INVESTOR (RELATIVE/NON-RESIDENT NIGERIAN) OTHER NAMES OF THIRD-PARTY INDIVIDUAL INVESTOR (RELATIVE/ NON-RESIDENT NIGERIAN)

DATE OF BIRTH OF THIRD-PARTY INDIVIDUAL INVESTOR D D / M M / Y Y Y Y   **COUNTRY OF RESIDENCE/DOMICILE**

FULL POSTAL ADDRESS OF 21 INDIVIDUAL INVESTOR (PLEASE DO NOT REPEAT APPLICANT NAME) POST BOX NO. ALONE IS NOT SUFFICIENT

CHN NUMBER (CLEARING HOUSE NUMBER) C   **CSCS NUMBER**

NAME OF STOCKBROKER   **MEMBER CODE**

PLEASE TURN OVER TO COMPLETE THE APPLICATION FORM

APPLICATION FORM

APPLICATION ON BEHALF OF A THIRD-PARTY INVESTOR

If this Application Form is being completed on behalf of a Third-Party Investor, please complete this section. Applications for a Third-Party Investor will only be accepted from a Fund Manager, Custodian, Nominee, Trustee, Administrator (the **Applicant's Representative**) acting on behalf of such Third-Party Investor. A Third-Party Investor Application will be treated as separate from any Application that an Applicant's Representative may have made or may wish to make in the Applicant's Representative's own name and such Application in the Applicant's Representative own name shall be made on a separate Application Form. A copy of the formal instrument of authorisation of a Third-Party Investor Application to make the Application is required to be attached to this Application Form.

NAME OF ENTITY SUBMITTING THIS APPLICATION FORM (APPLICANT'S REPRESENTATIVE)

NATURE OF RELATIONSHIP

NAME OF THIRD-PARTY INVESTOR

FULL POSTAL ADDRESS (PLEASE DO NOT REPEAT NAME OF THIRD-PARTY INVESTOR OR APPLICANT REPRESENTATIVE) POST BOX NO. ALONE IS NOT SUFFICIENT

CITY/TOWN   **STATE**   **COUNTRY OF RESIDENCE/DOMICILE**

PHONE NUMBER   **TAX IDENTIFICATION NUMBER**

E-MAIL ADDRESS

CHN NUMBER (CLEARING HOUSE NUMBER)   C   **CSCS NUMBER**

NAME OF STOCKBROKER   **MEMBER CODE**

JOINT APPLICANTS' DETAILS

JOINT APPLICANT 1:

TITLE   MR   ☐   MRS   ☐   MISS   ☐   OTHERS (PLEASE SPECIFY)

SURNAME

FIRST NAME   **OTHER NAMES**

JOINT APPLICANT 2:

TITLE   MR   ☐   MRS   ☐   MISS   ☐   OTHERS (PLEASE SPECIFY)

SURNAME

FIRST NAME   **OTHER NAMES**

FULL POSTAL ADDRESS (POST BOX NO. ALONE IS NOT SUFFICIENT)

CHN NUMBER (CLEARING HOUSE NUMBER)   C   **CSCS NUMBER**

NAME OF STOCKBROKER   **MEMBER CODE**

BANK DETAILS (FOR E-PAYMENTS)

BANK NAME	
ACCOUNT NUMBER	**RC. NO (CORPORATE APPLICANT)**
BRANCH	**CITY/STATE**
BVN	**2ND BVN (CORPORATE APPLICANT)**

SIGNATURE 1: (SELF/JOINT 1 APPLICANT)	**SIGNATURE 2:** (CORPORATE/JOINT 2/APPLICANT REPRESENTATIVE)	**OFFICIAL SEAL** (CORPORATE/APPLICANT REPRESENTATIVE)
NAME:	**NAME:**	
DESIGNATION:	**DESIGNATION:**	

ILLITERATE APPLICANT

RIGHT THUMBPRINT

ILLITERATES PROTECTION LAW OF LAGOS STATE, CHAPTER 14, LAWS OF LAGOS STATE, NIGERIA, 2015

ATTESTATION IN CONNECTION WITH AN ILLITERATE APPLICATION *(Compulsory legal requirement for a witness of a thumbprint impression only)*

I, _____ *[Please insert full name of Attestant/Witness]* o f _____ *(address)* hereby testify that the above *thumbprint* was affixed in my presence this.......day of .... 2024, and is the true right thumb print of _____ *(Name of Illiterate Applicant)* who has acknowledged to me after due explanation of the Application Form in the language understandable to him/her that (i) he/she has voluntarily executed this Application Form; and (ii) that s/he understands the contents and effect thereof.

As witness my hand this............day of.., 2024.

Witness Signature:

STAMP OF RECEIVING AGENT   **NAME OF RECEIVING AGENT**