

APPLICATION FORM (RETAIL OFFER)

CAPITAL INVESTMENT OPTIONS  
OFFER FOR SALE  
For  
2,000,000.00 ORDINARY SHARES  
At \$15 PER SHARE

Offer starts: 20/January/2022  
Offer ends: 14/February/2022

Applications must be in accordance with the instructions set out in the Pricing Supplement. Care must be taken to follow these instructions as applications that do not comply may be rejected. Before subscribing, please contact your Stockbroker your independent investment adviser registered by the Securities and Exchange Commission, for guidance.

<b>Guide to Application</b>		D	D	/	M	M	/	Y	Y	Y	Y
Minimum Number of Shares	Amount Payable	CONTROL NO. (for Registrars' use only)									
20 minimum	-\$ 300										
Subsequent multiples of 20	-\$ 300										

DECLARATION

<input type="checkbox"/>	I/We am/are 18 years of age or over
<input type="checkbox"/>	I/We note that allotment will only be electronically to the CSCS accounts of Allottees and no physical share certificate would be issued
<input type="checkbox"/>	I/We note Capital Investment Options and the Issuing Houses are entitled in their absolute discretion to accept or reject this application
<input type="checkbox"/>	I/We attach the amount payable in full on application for the number of ordinary shares in Capital Investment Options
<input type="checkbox"/>	I/We agree to accept the same or any smaller number of Units in respect of which allotment may be made upon the terms of the Series 1 Pricing Supplement
<input type="checkbox"/>	I/We declare that I/we have read a copy of the Series 1 Pricing Supplement for the Offer, issued by the Issuing Houses on behalf of Capital Investment Options

NUMBER OF SHARES APPLIED FOR:	VALUE OF SHARES APPLIED FOR/AMOUNT PAID:
<input type="text"/>	\$ <input type="text"/>

PLEASE COMPLETE IN BLOCK LETTERS

1. INDIVIDUAL APPLICANT TITLE:  MR  MRS  MISS

SURNAME

OTHER NAMES (for individual applicants only)

FULL POSTAL ADDRESS/STREET ADDRESS (P.O. Box No. alone is not sufficient)

CITY/TOWN  STATE

PHONE NUMBER 1  DATE OF BIRTH

E-MAIL ADDRESS

NEXT OF KIN

CHN NUMBER (Clearing House Number)  CSCS NUMBER

NAME OF YOUR STOCKBROKER

2. JOINT APPLICANT TITLE:  MR  MRS  MISS

SURNAME

OTHER NAMES

3. CORPORATE APPLICANT COMPANY'S NAME

REGISTERED ADDRESS (P.O. Box No. alone is not sufficient)

BANK DETAILS (For e-payments)

NAME OF BANK	BRANCH
ACCOUNT NO.	CITY/STATE
ACCOUNT NO OF SIGNATORIES	PHONE NUMBER 2

SIGNATURE (OR THUMBPRINT)	2 <sup>ND</sup> SIGNATURE (CORPORATE/JOINT)	SEAL & RC. NO. (CORPORATE APPLICANT)
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME:	NAME:	
DESIGNATION:	DESIGNATION:	RC <input type="text"/>
		CORONATION