

**COMMERCIAL BANK OF ETHIOPIA**

\_\_\_\_\_ BRANCH  
**BRANCH APPLICATION FORM FOR PURCHASE OF  
"EPCO MILLENNIUM BOND"**

NAME OF THE APPLICANT \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLACE OF PERMANENT RESIDENCE: \_\_\_\_\_

TEL : (    )    --

NATIONALITY: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ETH.PASSPORT/ORIGINAL ID NO: \_\_\_\_\_

PLACE OF ISSUE \_\_\_\_\_

1. I WHOSE NAME AND ADDRSS IS STATED ABOVE HERE BY APPLY TO PURCHASE A BOND WITH FACE VALUE OF \_\_\_\_\_ FOR \_\_\_\_\_ YEARS WITH INTEREST RATE \_\_\_\_\_ UNDER THE TERMS AND CONDITIONS STIPULATED ON THE BOND CERTIFICATE AND THOSE THAT THE BANK MAY ISSUE IN THE FUTURE.
2. I AGREE TO PRESENT THE ORIGINAL BOND CERTIFICATE AT THE TIME OF MATURITY.
3. REGARDING CUSTODY OF THE BOND CERTIFICATE (**INDICATE YOUR CHOICE BY MARKING IN ONE OF THE BOXES BELOW**)

- INSTRUCT THE BANK TO HOLD THE BOND ON BEHALF OF ME
- INSTRUCT THE BANK TO SEND ME THROUGH MY ADDRESS AS INDICATED ABOVE
- I WILL TAKE IT WITH ME

4. I FURTHER AGREEE AND INSTRUCT THE BANK TO PAY ME INTEREST ON THE BOND IN THE FOLLOWING MANNER (**INDICATE YOUR CHOICE BY MARKING IN ONE OF THE BOXES BELOW**)

- CREDIT MY A/C NO
- PAY ME IN CASH AT THE BANK'S COUNTER
- SEND ME THROUGH TRANSFER (**THE TRANSFER CHARGES WILL BE COVERED BY THE BOND HOLDER**)
- PAY TO MY POWER OF ATTORNEY (**AGENT**)  
(**NAME AND ADRESS OF THE POWER OF ATTORNEY HOLDER**)

NAME AND SIGNATURE OF THE MAKER \_\_\_\_\_

NAME AND SIGNATURE OF THE BOND HOLDER \_\_\_\_\_

CERTIFICATE NO. \_\_\_\_\_

REMARKS \_\_\_\_\_