



**Application Opens:
January 19, 2009**

**Application Closes:
March 20, 2009**



Private Placement of RC 203213
2,880,000,000 Ordinary Shares of 50 kobo each at ₦1.25 per share
Payable in full on Application

Issuing House:



Important Notice Application must be made in accordance with the instructions set out on the back of this Application Form. If you are in doubt as to the action to take, please consult your financial adviser, stockbroker, solicitor, accountant, tax consultant, bank manager or any other professional adviser for guidance. Care must be taken to follow these instructions as applications that do not comply with the instructions will be rejected.

DECLARATION

- I am/We are 18 years of age or over.
- I/We attach the amount payable in full on application for the above number of Shares indicated in Jubilee-Life Savings And Loans Limited at ₦1.25 per share.
- I/We agree to accept the same or any smaller number of Shares in respect of which allotment may be made upon the terms of the Private Placement Memorandum dated January 12, 2009, and subject to the provisions of the Memorandum and Articles of Association.
- I/We authorise you to send a Share Certificate and/or a cheque for any amount overpaid, by registered post to the address given below and to procure registration in my/our name as the holder(s) of such number of Shares or such smaller number, as aforesaid
- I/We hereby declare that I/We have read a copy of the Information Memorandum dated January 12, 2009 issued by the Issuing House on behalf of Jubilee-Life Savings And Loans Limited.

GUIDE TO APPLICATION

Number of Shares applied for	Amount Payable
100,000 Minimum	₦125,000.00
Subsequent multiples of 10,000	₦12,500.00

Date / / 2 0 0 9

Control No. (REGISTRARS' USE ONLY)

Number of Units Applied for:

Value of Shares applied for/Amount Paid: ₦

PLEASE COMPLETE IN BLOCK LETTERS AND IN BLACK INK

1. INDIVIDUAL / CORPORATE APPLICANT

Surname / Company Name Title: MR. MRS. MISS DR. OTHERS

Other Names (for Individual Applicants only)

Full Postal Address

City

State

Daytime Telephone Number

Mobile (GSM) Telephone Number

E-mail Address

Next of Kin

CSCS No. (If you want shares allotted to you, credited to your CSCS A/C)

Name of your Stockbroker

2. JOINT APPLICANT

Title: MR. MRS. MISS DR. OTHERS

Surname

Other Names

Name of Bank/Branch

Account Number

Signature or Thumbprint

Signature or Thumbprint

Company Seal/Incorporation Number (Corporate Applicants)

Stamp of Placement Agent

PLEASE TURN OVER

