

SUBSCRIPTION FORM APO

BANK OF MONTSERRAT LIMITED			APPLICATION FORM	M - APO
To: The Directors Bank of Montserrat Limited I/We hereby apply for	Ordinary Shares	1	These boxes are for Official Use Only DO NOT WRITE	
In Bank of Montserrat Limited at EC \$6.50 per share on the terms and conditions set out in the	EC\$	2	DATE RECEIVED	
prospectus dated 2 April 2018, and I/We enclose payment for the amount payable of			ACCEPTANCE NO	
I/We the applicant(s) declare we have are qualified to make this application application form Iam/we are bound be offer as set out in the prospectus date	. I/We agree that in submitting this by the terms and conditions of the		SHARES ALLOTTED	
Date	Signature/s	3	METHOD OF PAYMENT	
PLEASE USE BLOCK CAPITAL LET Mr. Mrs. Ms. Miss or title	TERS	4a	AMOUNT RECEIVED	
Given/Forename(s) (in full)				
Surname			AMOUNT PAYABLE	
Address in Full			AMOUNT RETURNED	
E-mail:				
			CHEQUE NO.	
PLEASE INDICATE	YES NO	4b	CERTIFICATE NO.	
Existing Shareholder			RECEIVING AGENT'S STA	AMP
PLEASE CHECK ONE Individual Financial Institution	n Other Corporate			



Pin your cheque/banker's draft h	nere for the amount in Box 2 made payable		5
PREFERRED FORM OF DIVIDE Please indicate how dividends sh			
Credit My Account ² : Chequing Account #:			
Savings Account #:		At	
Name of Bank:			
Address of Bank:			
² Please note that all dividends sh Mail Dividend cheque to Addre Fill in this section when there is a	more than one applicant. The first or sole a addresses of of other joint applicants, each	oplicant should complete Box 4 or 4a and sign in	Box 3
Given Name(s) (in full)	Given Name(s) (in full)	Given Name(s) (in full)	
Surname	Surname	Surname	
Address (in full)	Address (in full)	Address (in full)	
			8
Signature	Signature	Signature	
Warning: Failure to complet	e this application form accurately by you o	r the person acting on your behalf could result in	the