

## ADDITIONAL PUBLIC OFFER - APPLICATION FORM

**PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM**

To: SYGNUS CREDIT INVESTMENTS LIMITED (“SCI” or “the Company”)

**Re: Invitation for Subscription for up to 196,372,431 ordinary shares (“the Application Shares”) in SCI made pursuant to the Prospectus dated the 11th day of December 2020 (the “Prospectus”)**

I/We confirm that I/we have read and understood and hereby agree to be bound by the terms and conditions contained in the Prospectus, all of which are incorporated in this Application Form by reference.

I/We hereby apply for \_\_\_\_\_ ordinary shares in Sygnus Credit Investments on and subject to the terms and conditions of the APO set out in the Prospectus at the price of JM\$16.30 (JM\$14.70 for Existing Shareholders and Team Members) each. I/We have made /remitted payment of the sum of JM\$ \_\_\_\_\_ for my/our subscription/purchase with proof of payment attached. I/We agree to accept the Application Shares or any smaller number in respect of which this application may be accepted, subject to the terms and conditions in the Prospectus and the Articles of Incorporation of Sygnus Credit Investments Limited, by which I/We agree to be bound.

I/We request my broker, Sagicor Investments Jamaica Limited to make payment on my/ our behalf from cleared funds held by them in my / our names in account numbered \_\_\_\_\_ with them, for amount \_\_\_\_\_ Instructions to completing application form: All fields are relevant and must be completed. (If you already have an account with the JCSD, please ensure that you indicate your JCSD account number).

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- Existing Shareholders and Team Members       Key Investors       General Public

PRIMARY HOLDER			
Full Name of Applicant (Individual or Company)			
TRN		Occupation/ Line of Business	
Address Line 1			
Address Line 2			
Nationality or Country of Incorporation		Telephone (Home)	
Telephone (Work)		Telephone (Cellular)	
Email Address			Facsimile
JCSD Number		Broker Account	
Facsimile			
Broker Code			

Signatures (Company)

\_\_\_\_\_ DIRECTOR

\_\_\_\_\_ DIRECTOR/SECRETARY

Signature (Individual)

\_\_\_\_\_

**SEAL OR STAMP REQUIRED FOR COMPANIES**

**APPLICANT  
JOINT HOLDER(S)**

Full Name  
(First Joint Holder)

TRN  Occupation

Signature  
(Individual) \_\_\_\_\_ Date \_\_\_\_\_

Full Name  
(Second Joint Holder)

TRN  Occupation

Signature  
(Individual) \_\_\_\_\_ Date \_\_\_\_\_

Full Name  
(Third Joint Holder)

TRN  Occupation

Signature  
(Individual) \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT VERIFICATION INFORMATION**

**Managers Cheque**

Cheque Number  Cheque Amount  Institution

**RTGS**

Amount  Confirmation/  
Reference #  Institution

Sender's  
Account Name  Sender  
Account #

**ALL APPLICANTS MUST INPUT THEIR TRN NUMBERS.  
THIS OFFER IS NOT MADE TO PERSONS OUTSIDE JAMAICA**

TO BE COMPLETED WHERE **REFUND** PAYMENT IS TO BE MADE  
**PLEASE INSERT YOUR BANKING INFORMATION**

NAME OF BANK:	
BRANCH:	
SWIFT/BIC	
NAME(S) ON BANK ACCOUNT:	
ACCOUNT NUMBER:	
ACCOUNT TYPE:	
FOR FURTHER CREDIT TO:	

TO BE COMPLETED WHERE **DIVIDEND** PAYMENT IS TO BE MADE  
**PLEASE INSERT YOUR BANKING INFORMATION**

NAME OF BANK:	
BRANCH:	
SWIFT/BIC	
NAME(S) ON BANK ACCOUNT:	
ACCOUNT NUMBER:	
ACCOUNT TYPE:	
FOR FURTHER CREDIT TO:	

**NOTES ON HOW TO COMPLETE THE APPLICATION FORM**

1. All completed applications must be delivered Sagicor Investments Jamaica Limited at, 85 Hope Road, Kingston 6 or to any of their offices in Jamaica.
2. Applications must be for a minimum of 1,000 shares with increments in multiples of 100 shares. Applications in other denominations **will not** be processed or accepted.
3. To be eligible for the Existing Shareholder price, shareholders must be on record as at November 20, 2020.
4. All applicants must attach their payment for the specified number of Shares they have applied for, in the form of either:
  - a) A Manager's cheque made payable to Sagicor Investments Jamaica Limited and
  - b) Transfer in Real Time Gross Settlement (RTGS) system, in the case of payment of J\$1,000,000 or more to

Beneficiary Bank Name:	Sagicor Bank Jamaica Limited
Beneficiary Account Name:	Sagicor Investments Jamaica Limited
Beneficiary Account:	5503131813
BIC:	SAJAJMKN
*Special Instructions:	FOR SYGNUS APO

5. If you are applying jointly with another person, you must complete the Joint Holder Information and each joint holder **must** sign the Application Form in the place indicated.
6. All Applicants must be at least 18 years old and must attach a certified copy of their T.R.N. card or Jamaican Driver's Licence displaying the T.R.N.
7. All Applicants must fill out the banking information for the purposes of REFUND and DIVIDEND PAYMENTS.
8. Share Certificates will not be issued unless specifically requested through your broker. Instead, the shares allotted to a successful applicant will be credited to his account at the Jamaica Central Securities Depository ("JCSD"). If the applicant does not have a JCSD account, one will be created by your broker and the allotted shares deposited to that account.
9. All Applicants are deemed to have accepted the terms and conditions set out in the Prospectus and the Articles of Incorporation of the Company generally.

**THIS SECTION FOR USE BY BROKER ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_ TIME RECEIVED \_\_\_\_\_

PAYMENT METHOD:  Cheque  Electronic Transfer

PAYMENT AMOUNT: \_\_\_\_\_ PAYMENT DATE: \_\_\_\_\_

POOL: \_\_\_\_\_

\_\_\_\_\_  
Broker Authorised Signatory & Stamp