

COMMITMENT FORM

Application List Opening Date 10/06/2022	LEAD ARRANGER FSDH CAPITAL LIMITED RC: 276208 JOINT ARRANGER CARDINALSTONE PARTNERS LIMITED RC: 739441 on behalf of  FIDSON HEALTHCARE PLC RC: 267435 Offer for Subscription Up to ₦2,000,000,000 270 Day Series 3 Commercial Paper Issue Issued at a Discount Rate of 11.0216% (Effective Yield 12.0000%)	Application List Closing 17/06/2022
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Orders must be made in accordance with the instructions set out in this document. Care must be taken to follow these instructions as applications that do not comply may be rejected. If you are in doubt, please consult your Stockbroker, Accountant, Banker, Solicitor or any professional adviser for guidance

Please complete all relevant sections of this Form USING BLOCK LETTERS WHERE APPLICABLE

PARTICIPANT STATUS (PLEASE TICK <input checked="" type="checkbox"/>)	DATE	CONTROL NO. (FOR REGISTRARS)
<input type="checkbox"/> High Net-worth Investors	1 4 / 0 6 / 2 0 2 2	
<input checked="" type="checkbox"/> Fund Managers	DECLARATION <input checked="" type="checkbox"/> I/We note that the Issuer and Arranger are entitled in their absolute discretion to accept or reject this Order. <input checked="" type="checkbox"/> I/We confirm that I/we have read the Programme Memorandum dated 02 March 2021, and that my/our Order(s) is/are made on the terms set therein. <input checked="" type="checkbox"/> I/We agree to accept the Participation Amount as may be allocated to me/us subject to the terms in the Pricing Supplement. <input checked="" type="checkbox"/> I/We authorise you to enter my/our name on the Register of Noteholders as holders of the Commercial Paper Notes that may be allotted to me/us and to register my/our address as given below. <input checked="" type="checkbox"/> I/we hereby irrevocably undertake and confirm my/our Order(s) for Commercial Paper Issue to my/our Participation Amount(s) set out below at the Discount Rate disclosed. In relation to Eligible Individual Investors Only: <input checked="" type="checkbox"/> I have the requisite knowledge, skill and experience in business, financial and investment matters I am capable of evaluating the merits and risks of an investment in Fidson Healthcare Plc's Series 3 Issuance (the "Issue"). <input checked="" type="checkbox"/> I have made an independent evaluation and judgment of all merits and risks before investing in the Issue and to the extent necessary, I have also made my own legal, tax, accounting and financial evaluation of the merits and risks of investing in the Issue. <input checked="" type="checkbox"/> I have considered the suitability of the Issue as an investment in light of my own circumstances and financial condition and I am able to bear the risks associated with investing in the Issue. <input checked="" type="checkbox"/> I wish to be classified as an Eligible Individual Investor, in accordance with the Rules prescribed by FMDQ Securities Exchange. <input checked="" type="checkbox"/> I make this declaration believing same to be true.	
<input type="checkbox"/> Pension Fund Administrators		
<input type="checkbox"/> Insurance Companies		
<input type="checkbox"/> Investment/Unit Trusts		
<input type="checkbox"/> Multilateral/Bilateral Inst.		
<input type="checkbox"/> Market Makers		
<input type="checkbox"/> Staff Schemes		
<input type="checkbox"/> Trustees/Custodians		
<input type="checkbox"/> Stockbroking Firms		
<input type="checkbox"/> Resident Corporate Investors		
<input type="checkbox"/> Non-Residential Investors		
<input type="checkbox"/> Hedge Funds		

PARTICIPATION DETAILS (INDIVIDUAL/CORPORATE/JOINT)

All orders must be for a minimum amount of ₦5,000,000 (Five Million Naira) and in multiples of ₦1,000 (One Thousand Naira) thereafter.

SURNAME/CORPORATE NAME

FIRST NAME (FOR INDIVIDUALS ONLY) **OTHER NAMES (FOR INDIVIDUALS ONLY)**

JOINT APPLICANT'S FIRST NAME (IF APPLICABLE) **OTHER NAMES (FOR JOINT APPLICANT ONLY)**

CONTACT PERSON (FOR CORPORATE APPLICANT)/NEXT OF KIN (FOR INDIVIDUAL APPLICANT)

ADDRESS IN FULL (PLEASE DO NOT REPEAT APPLICANT(S) NAME. POST BOX NO. ALONE IS NOT SUFFICIENT)

	TEL NO:	
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CITY:	IKOYI	STATE:	LAGOS	E-MAIL:	oolubunmi@apelasset.com
PARTICIPATION AND ALLOTMENT DETAILS					
DISCOUNTED VALUE					
FACE VALUE					
PARTICIPANT'S CSCS ACCOUNT NO:					
SIGNATURES					
SIGNATURES		2ND SIGNATURE (CORPORATE/JOINT)		OFFICIAL SEAL/RC. NO.	
NAME OF AUTHORISED SIGNATORY (Corporate only)		NAME OF SIGNATORY (Corporate/JOint)			
DESIGNATION (Corporate only)		DESIGNATION (Corporate only)			
NAME OF WITNESS (High Net-worth Investors Only)		WITNESS OCCUPATION (High Net-worth Investors Only)			