

## APPENDIX I: APPLICATION FORM

### KCB BANK TANZANIA LIMITED MAPATO SUKUK APPLICATION FORM

This Application Form relates to the Sukuk issuance amounting to TZS 10 billion. Prospective applicants should read the Information Memorandum before completing this form.

Offer for subscription of Sukuk for the minimum of TZS 500,000.

**OFFER OPENS:** 15th April 2026

**OFFER CLOSES:** 14th May 2026

1. Please refer to the instructions on Page 3 before completing this Application Form.
2. This form, once duly completed should be submitted, together with TZS Banker's cheque, TZS Direct Debit slip or Deposit Cash in favour of "KCB Bank "KCB",  
**Branch:** Lumumba Branch,  
**Account Name:** MAPATO SUKUK COLLECTION ACCOUNT,  
**Account Number:** 3390977090
3. Please complete in capital / block letters using black/blue ink.

#### FOR OFFICIAL USE ONLY

Branch / Agent Name:	
Branch / Agent Stamp:	
Applicant CDS Account No	

Batch Header No:	
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#### I. APPLICATION DETAILS

<b>*Applicant Type:</b>	Individual <input type="checkbox"/>	Joint <input type="checkbox"/>	Minor <input type="checkbox"/>	Company <input type="checkbox"/>
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KCB Mapato Sukuk Applied: Minimum application amount is TZS 500,000 and thereafter in multiples of TZS 100,000.	
Amount applied for (TZS):	
Amount Applied for in Words:	

#### II. PAYMENT DETAILS

Mode of Payment:	Direct debit <input type="checkbox"/>	Cash Deposit <input type="checkbox"/>	TISS Transfer <input type="checkbox"/>	Banker's Cheque <input type="checkbox"/>
Banker's cheque details:	Issuer:	Banker's Cheque Number:		
<b>*Applicant Bank Details (For Refunds - if any, and / or Coupon and Principal Repayment)</b>				
Bank Name:			Branch Name:	
Account Name:			Account Number:	

### III. APPLICANT DETAILS

#### (i) First Applicant (Primary)

Title: Mr. / Mrs. / Ms:		
Surname:		
First Name:		
Middle Name:		
Date of Birth:		
Nationality:		
Citizen Identity Card Number / Passport Number:		
Residential Address:		
Ward:	District:	Region:
Contact Details	Tel No:	
Alt. Tel No:		
Postal Address:		
Email:		
Do you maintain an Account with KCB? If yes, specify account number		Yes / No

#### (ii) Second Applicant

Title: Mr. / Mrs. / Ms:		
Surname:		
First Name:		
Middle Name:		
Date of Birth:		
Nationality:		
Citizen Identity Card / Passport Number:		
Residential Address:		
Ward:	District:	Region:
Contact Details	Tel No:	
Postal Address:		
Email:		
Do you maintain an Account with KCB? If yes, specify account number		Yes / No

#### \*Next of Kin information:

Full Name:		
Contact Details:	Tel No:	
Email:		
Parent or Legal Guardian		
Surname or Name of Entity		
First name (Individuals ONLY)		
Middle name (Individuals ONLY)		
Citizen Identity Card / Passport Number		
Do you maintain an Account with KCB? If yes, specify account number		Yes / No

#### (iii) Corporate Applicants

Name of Entity		
Registration Number		
Tax Identification Number		
Entity Physical Address		
Contact Details	Tel No:	
Postal Address		
Email		
Do you maintain an Account with KCB? If yes, specify account number		Yes / No

**IV. ACKNOWLEDGEMENT SLIP (Retain for your records)**

Names of Applicant or Institution	
CDS Account Number	
Total Investment Amount	
Amount in words	

**Mode of Payment**

Cash	
TISS Transfer	
Banker Cheque	
Direct debit - Ref No (From Customer KCB A/C)	

Branch / Agent Stamp:	
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This form is not proof of payment. Payments should be made through approved modes of payment as stipulated above.

Received by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Received & Stamp: \_\_\_\_\_

## APPLICANTS' DECLARATION

By signing the Application Form overleaf I/We the applicant(s) therein state that:-

- I/We the undersigned, confirm that, I/We have read the terms and conditions as set out in the Information Memorandum and agree to be bound by its contents.
- I/We authorize KCB BANK TANZANIA LIMITED to enter my/ our name in the register of members of Sukukholders and to credit my CDS account with the Sukuk allocated to me/us and remit any refunds due to me/us via Electronic Funds Transfer or Cheque in accordance with the Terms and Conditions contained in the Information Memorandum.
- I/We declare that the source of funds does not originate from interest, alcohol, gambling or pork related businesses.
- In consideration of your agreeing to accept this Application Form, I/we agree that, this application shall be irrevocable and shall constitute a contract which shall become binding to me/us upon dispatch by post or hand delivery.

### GENERAL INSTRUCTIONS ON COMPLETION OF THE APPLICATION FORM

1. Please complete the Application Form in capital letters using black/blue ink. Ensure each letter is written clearly within each of the boxes provided. Incorrectly completed Application Forms will be rejected.
2. When completing this Application Form please bear in mind that Sukuk may not be applied for in the name(s) of a trust that has not been incorporated or a deceased's estate.
3. Trustees of unincorporated trusts, individual partners or executors may apply for Sukuk in their own name(s).
4. Registered or incorporated trusts may apply in the registered or incorporated name. Limited liability partnerships may apply in their registered names.
5. Any alteration to the Application Form (other than deletion of alternatives) must be authenticated by the full signature of the Applicant(s) or Authorised Collecting Agent.
6. The Authorised Collecting Agent must sign against the company's official stamp.
7. Banker's cheque payments must be made payable in favour of " KCB BANK TANZANIA MAPATO SUKUK" and crossed "Account Payee Only".
8. Your Application Form must be received in its entirety, duly signed and accompanied with the necessary evidence of payment.
9. The completed Application Form may be mailed or hand delivered to the Authorised Collecting Agents.
10. Applications can only be made through the Issuer, Authorised Collecting Agents, the Lead Arranger, the Sponsoring Broker, the Receiving Bank and the Registrar as listed in the Information Memorandum.
11. The allocation process has been outlined in the Information Memorandum. No person can make any promises contrary to the allocation criteria.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Company Stamp/Seal: \_\_\_\_\_

Date: \_\_\_\_\_