

APPLICATION FORM

**Application Opens
12 November, 2018**

**Application Closes
19 December, 2018**



Skyway Aviation Handling Company Plc RC: 813022
Initial Public Offering by Way of an Offer for Sale

406,074,000

Ordinary Shares of 50 Kobo each

at **N4.65** per share

Payable in full on Application



Applications must be made in accordance with the instructions set out on the back of this application form. Care must be taken to follow these instructions as applications that do not comply may be rejected. If you are in any doubt, please consult your Stockbroker, Accountant, Banker, Solicitor or any other professional adviser for guidance.

DECLARATION

- I/We am/are 18 years of age or over
- I/We note that allotment will only be electronically to the CSCS accounts of Allottees and no physical share certificate would be issued.
- I/We note that Skyway Aviation Handling Company PLC and the Issuing House are entitled in their absolute discretion to accept or reject this application.
- I/We attach the amount payable in full on application for the number of Ordinary Shares in the Skyway Aviation Handling Company Plc. at **N4.65** per share.
- I/We agree to accept the same or any smaller number of units in respect of which allotment may be made upon the terms of the Prospectus and subject to the provision of the Memorandum and Articles of Association of Skyway Aviation Handling Company Plc.
- I/We declare that I/We have read a copy of the Prospectus for the Offer dated 05/11/2018 issued by Vetiva Capital Management Limited and Cordros Capital Limited on behalf of Skyway Aviation Handling Company Plc.

GUIDE TO APPLICATION	Amount Payable
Number of shares applied for	
500 minimum	N2,325.00
Subsequent multiples of 100	N465.00

Date (DD/MM/YYYY)

/ / 2 0 1 8

CONTROL NO: (Registrar's use only)

Number of Shares Applied for: Value of shares applied for / Amount Paid

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PLEASE COMPLETE IN BLOCK LETTERS

Federal Constituency of Applicant(s) _____ Constituency Code _____ (Please see attached Constituency Schedule)

State of Origin _____ Local Government Area _____

1. Individual Applicant

Surname Title : Mr. Mrs. Miss

Other Names (for individual applicant only)

Full Postal Address/Street Address

City/Town

State Mobile (GSM) Phone Number

Email Address

Next of Kin

CHN NO (CLEARING HOUSE NUMBER) NAME OF YOUR STOCKBROKER

CSCS NUMBER

2. Joint Applicant

Title : Mr. Mrs. Miss

Surname

Other Names

3. Corporate Applicant

Company's Name

Registered Address

4. Bank details (for E-Dividend):

Name of Bank Account No:

Branch BVN

Witness Name (Where applicable)	Witness Address	Witness Signature
Signature or Thumbprint	Signature or Thumbprint	Company Seal & Incorporation Number (Corporate Applicant)
Signature or Thumbprint	Stamp of Receiving Agent	

