

# Solomon Islands Government

## D-BOND REGISTRATION FORM

### CHECKLIST

Please attach and return with completed forms and information

(Name of Institution or Person)

.....

**For eligibility to participate in the auction of SIG D-Bond please complete:**

1. Registration Form 1: Application for Registration as a Counterparty
2. Registration Form 2: Dealing Authorities

Please find attached the following: (please indicate  as appropriate)

Registration Form 1: Application for Registration as a Corporate Counterparty

*Including:*

Nature of business

Organisational structure, showing company names up to the ultimate parent, percentage of ownership, and relationship with the entity (i.e. subsidiary or branch operation)

Additional information that may be relevant to this application

Registration Form 2: Dealing Authorities

# Solomon Islands Government

## D-BOND REGISTRATION FORM

### Registration Form 1: Application for Registration as a Corporate Counterparty

**To:** Chief Manager  
Currency, Banking, and Payments Department  
Central Bank of Solomon Islands  
PO Box 634  
Honiara

#### Section 1:

I/We .....  
(Full Legal Name of Applicant)

Full Physical Address .....  
.....  
.....

Full Postal Address  
For Correspondence .....  
.....  
.....

wish to apply for registration as a corporate counterparty in the following Central Bank of Solomon Islands operations (please indicate as appropriate)<sup>1</sup>:

- Primary Security Auctions (Please additionally complete Registration Form 2)
- New transactions which may be authorised from time to time and as agreed between both parties<sup>2</sup>.

<sup>1</sup> Non-bank financial institutions and individuals are only eligible to participate in primary securities auctions.

<sup>2</sup> IMPORTANT. For the avoidance of doubt, unless the Applicant advises otherwise in writing to the Central Bank five business days prior to such transactions, the Central Bank may in relation to such new transactions rely on the positions and authorities (for dealers and signatories) referred to in Section 2 of this Application.

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### Section 2:

The following position(s) has/have authority to authorise dealers and signatories for transactions and operations with the Central Bank of Solomon Islands:

Position	Name of a person currently in position
.....	.....
.....	.....

### Section 3:

#### Important

- (i) Notwithstanding that the persons currently holding the positions in Section 2 have been named, it is acknowledged and agreed that any successor to those positions shall bind the counterparty on all transactions undertaken under this Application.
- (ii) The Applicant confirms that the information given and the statements made by the Applicant in this Application are true and correct and the Central Bank shall not be under any obligation, whether at law or in equity, to enquire into the accuracy of such information or statements either now or in the future.
- (iii) Until this Application has been processed and the approval confirmed by the Central Bank of Solomon Islands in writing, it shall not have any binding effect.
- (iv) Notwithstanding the registration of the Applicant as a counterparty or anything else contained in the Application, all bids, tenders, and other transactions shall be in line with the SIG operating guidelines for the issuance of bonds.

### Section 4:

#### Authority

Signed by .....  
(Name of Institution)

In the presence of:

.....

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### Registration Form 2: Dealing Authorities

**To:** Chief Manager  
 Currency, Banking, and Payments Department  
 Central Bank of Solomon Islands  
 P.O. Box 634  
 Honiara

(Name of Institution) .....

1. This Authority revokes all previous authorities given for this purpose.
2. The employees listed in **Schedule A** are authorised to enter into the following operations with the Central Bank of Solomon Islands:
  - (i) Purchase, sell and transfer SIG Bond & Treasury bills and any other security instrument issued by the Government or the Central Bank of Solomon Islands.

#### Schedule A

Authorised Person	Position of Authorised Person	Signature
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

I certify that I am duly authorised to give this authority.

Signed this ..... day of ..... 20.....

..... (Position Held) <sup>3</sup>	..... (Name)	..... (Signature)
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Senior contact in case of enquiry: ..... Telephone: .....

<sup>3</sup> **IMPORTANT.** The position held must correspond to a position stated in Section 2 of Registration Form 1.