



SHARE OFFER APPLICATION FORM (INDIVIDUALS)

Date:	PLEASE USE BLOCK LETTERS
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Depository Member's Code:		Broker/Bank Signature & Stamp:		Applicant's Signature/Thumbprint:	
CSD Account Number:					
Title:	Surname:	First Name:	Other Names:		
Identification of Applicant (please attach photocopy of relevant ID to form)			Number of Shares Applied For:	Amount payable (GHS):	
Type:	Number:				

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Contact Details:					
Address:			City:		
Country:			Country of Residence:		
Postal Address:			Email Address:		
Phone Number:			Mobile Number:		

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For Application In Trust for a Minor/Another Adult (Please attach ID)					
Title & Surname of Minor / Another Adult:			Other Names:		
Address					
Postal Address:			Town/City:		
Region/Country:					
Telephone:			Email:		
ID Type			ID Number:		

Declaration: I/We hereby apply for offer shares on the terms and conditions set out in the prospectus. I/We declare that I/We am/are a qualifying applicant(s) and that to my/our knowledge, there is no other application being made for my/our benefit (or that of any person for whose benefit I/we am/are applying for Intravenous Infusions shares for which I/we have applied to on this form.

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Joint Applicant(s): I/We hereby join in the application and give the declaration above							
Other Applicants		2nd Joint Applicant		3rd Joint Applicant		4th Joint Applicant	
Title:							
Surname:							
First Name & Other Names:							
Applicant's Signature or Thumbprint							



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To be completed by receiving Broker/Bank and then signed and retained by Applicant as evidence of payment					
Intravenous Infusions Ltd. APPLICATION COUNTERFOIL					
Surname:			Applicant's Signature/Thumbprint		Broker's/Bank's Signature & Stamp
First Name:					
Residential Address:					
Postal Address:					
Town/City:					
Region:		Country:		Amount (GHS):	Agent Code: