



Date .....

**BOZ FORM TB 50T**

The Assistant Director  
Securities and Market Operations  
Bank of Zambia  
P. O. Box 30080  
LUSAKA

Dear Sir

**APPLICATION FOR 364 DAYS TREASURY BILLS (OFFTENDER)**

In accordance with the invitation for off tender dated .....

I/we hereby apply for Treasury bills of issue number..... to the total face value of Kwacha.....(K.....)  
.....

I/we undertake to accept the same or any lesser amount that may be allocated to me/us at the weighted average marginal Price for every One Hundred Kwacha of such Treasury bills.

**Mode of payment**

Attached is a letter of guarantee from ..... Bank limited.

Yours faithfully,

Signature(s)

.....

Name(s) in full .....

Address .....

Telephone ..... CSD No.:.....

**OFFICIAL USE**

Accepted	Rejected
Checked by	Approved by