

NAME _____

ADDRESS _____

DATE _____

The Director,
Banking Department
Central Bank of The Gambia
1 / 2 Ecowas Avenue
Banjul

Dear Sir

PURCHASE OF TREASURY / SUKUK AL-SALAAM BILLS

I / we wish to purchase Treasury / Sukuk Al-salam Bills as detailed below:

Issue Date _____

Maturity Date _____

Amount to purchase D _____

(_____ Dalasis)

Thank you for your cooperation.

Authorized Signatory

(A)

Authorized Signatory

(B)