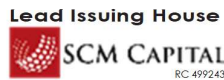


APPLICATION FORM

Offer Opens
17 September 2025



Offer Closes
30 September 2025

Joint Issuing Houses:



On behalf of



Sterling Financial Holdings Company Plc
RC 1851010

Offer for Subscription of 12,581,000,000 Ordinary Shares of ₦0.50k each at ₦7.00k per share
PAYABLE IN FULL ON APPLICATION

Applications must be in accordance with the instructions set out in the Prospectus. Care must be taken to follow these instructions as applications that do not comply may be rejected. Before subscribing, please contact your Stockbroker, Solicitor, Banker or an independent investment adviser registered by the Securities and Exchange Commission, for guidance.

Guide to Application (For Illustrative Purposes Only)

Minimum Number of Shares	Naira Amount Payable
1000 minimum	₦7,000.00
Subsequent multiples of 1000	₦7,000.00

D	D	/	M	M	/	Y	Y	Y	Y
CONTROL NO. (for Registrars' use only)									

DECLARATION (PLEASE TICK WHERE APPROPRIATE)

☐	I/We am/are 18 years of age or over
☐	I/We am/are not a Politically Exposed Person
☐	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 Sterling Financial Holdings Company Plc and the Issuing Houses 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 Sterling Financial Holdings Company Plc
☐	I/We am/are not a new Sterling Financial Holdings Company Plc Investor
☐	I/We attest that the fund was not borrowed from any Nigerian Bank
☐	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
☐	I/We declare that I/we have read a copy of the Prospectus, issued by the Issuing Houses on behalf Sterling Financial Holdings Company Plc

PLEASE COMPLETE IN BLOCK LETTERS

APPLICATION DETAILS

NUMBER OF SHARES APPLIED FOR (IN FIGURES):	VALUE OF SHARES APPLIED FOR / AMOUNT PAID (IN FIGURES):

INVESTOR DETAILS (SELF / INDIVIDUAL APPLICANT (RESIDENT OR NON-RESIDENT NIGERIAN) OR CORPORATE APPLICANT)

TITLE MR ☐ MRS ☐ MISS ☐ OTHERS (PLEASE SPECIFY)

SURNAME / CORPORATE NAME (AS REFLECTED ON CSCS STATEMENT)

FIRST NAME (SELF/INDIVIDUAL APPLICANT ONLY)

OTHER NAMES (SELF/INDIVIDUAL APPLICANT ONLY)

FULL POSTAL ADDRESS (PLEASE DO NOT REPEAT APPLICANT NAME) POST BOX NO. ALONE IS NOT SUFFICIENT

CITY/TOWN

STATE

COUNTRY OF RESIDENCE/DOMICILE

PHONE NUMBER

TAX IDENTIFICATION NUMBER (CORPORATE ONLY)

DATE OF BIRTH

E-MAIL ADDRESS

NAME OF NEXT OF KIN (FOR SELF INDIVIDUAL APPLICANT ONLY) CONTACT PERSON (CORPORATE APPLICANT ONLY)

CHN NUMBER (CLEARING HOUSE NUMBER)

CSCS NUMBER

NAME OF APPLICANT'S STOCKBROKER

MEMBER CODE

JOINT APPLICANTS' DETAILS

TITLE MR ☐ MRS ☐ MISS ☐ OTHERS (PLEASE SPECIFY)

SURNAME

FIRST NAME

OTHER NAMES

FULL POSTAL ADDRESS (POST BOX NO. ALONE IS NOT SUFFICIENT)

CHN NUMBER (CLEARING HOUSE NUMBER)

CSCS NUMBER

NAME OF STOCKBROKER

MEMBER CODE

Please turn over to complete the application form

APPLICATION ON BEHALF OF A THIRD-PARTY INDIVIDUAL INVESTOR (MINOR / RELATIVE / NON-RESIDENT NIGERIAN)																													
If this Application Form is being completed on behalf of a Third-Party Individual Investor (a Minor or a Relative or Non-Resident Nigerian), please complete this section. Applications will only be accepted from a parent, legal guardian, relative or other authorised representative (Individual Applicant's Representative), acting on behalf of such Third-Party Individual Investor. A Third-Party Individual Investor Application will be treated as separate from any Application that an Individual Applicant's Representative may have made or wish to make in his/her own name and such Application in the Individual Applicant's Representative's own name shall be made on a separate Application Form.																													
NAME OF INDIVIDUAL APPLICANT'S REPRESENTATIVE/PERSON SUBMITTING THIS APPLICATION FORM (SURNAME FIRST)																													
NATURE OF RELATIONSHIP (PARENT/LEGAL GUARDIAN/RELATIVE/OTHER AUTHORISED PERSON)																													
SURNAME OF THIRD-PARTY INDIVIDUAL INVESTOR (MINOR)															OTHER NAMES OF THIRD-PARTY INDIVIDUAL INVESTOR (MINOR)														
SURNAME OF THIRD-PARTY INDIVIDUAL INVESTOR (RELATIVE/NON-RESIDENT NIGERIAN) OTHER NAMES OF THIRD-PARTY INDIVIDUAL INVESTOR (RELATIVE/ NON-RESIDENT NIGERIAN)																													
DATE OF BIRTH OF THIRD-PARTY INDIVIDUAL INVESTOR															COUNTRY OF RESIDENCE/DOMICILE														
DD/MM/YYYY																													
FULL POSTAL ADDRESS (POST BOX NO. ALONE IS NOT SUFFICIENT)																													
CHN NUMBER (CLEARING HOUSE NUMBER)																													
C															CSCS NUMBER														
NAME OF STOCKBROKER															MEMBER CODE														
BANK DETAILS (FOR E-PAYMENTS)																													
BANK NAME																													
ACCOUNT NUMBER															RC. NO (CORPORATE APPLICANT)														
BRANCH															CITY/STATE														
BVN															2 ND BVN (CORPORATE APPLICANT)														
SIGNATURE 1: (SELF/JOINT 1 APPLICANT)															SIGNATURE 2: (CORPORATE/JOINT 2/APPLICANT REPRESENTATIVE)										OFFICIAL SEAL (CORPORATE/APPLICANT REPRESENTATIVE)				
NAME: DESIGNATION:															NAME: DESIGNATION:														
ILLITERATE APPLICANT																									RIGHT THUMBPRINT				
ILLITERATES PROTECTION LAW OF LAGOS STATE, CHAPTER 14, LAWS OF LAGOS STATE, NIGERIA, 2015																													
ATTESTATION IN CONNECTION WITH AN ILLITERATE APPLICATION (Compulsory legal requirement for a witness of a thumbprint impression only)																													
I, _____ [Please insert full name of Attestant/Witness] o f _____ (address) hereby testify that the above *thumbprint* was affixed in my presence this.....day of 2025, and is the true right thumb print of _____ (Name of Illiterate Applicant) who has acknowledged to me after due explanation of the Application Form in the language understandable to him/her that (i) he/she has voluntarily executed this Application Form; and (ii) that s/he understands the contents and effect thereof.																													
As witness my hand this.....day of, 2025.																									Witness Signature:				
STAMP OF ISSUING HOUSE OR RECEIVING AGENT																									 Pace Registrars Limited 8 th Floor, Knight Frank Building 24 Cambell Street, Lagos Island Lagos				