



SHARE OFFER APPLICATION FORM (INSTITUTIONS)

Date:	PLEASE USE BLOCK LETTERS
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1	Depository Member's Code:	Broker/Bank Signature & Stamp:	Authorised Signatories:
	CSD/GSD Account:		
		Number of shares:	Amount payable (GHS):

Company Details

2	Company Name:		
	Company Identification Number:		
	Address:		
	Postal Address:		
	Town/City:	Region/Country:	
	Email:		
	Telephone:	Fax:	

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.

Other Signatories	1 st Signatory	2 nd Signatory	3 rd Signatory
Title:			
Surname:			
First Name:			
Application Signature or Thumbprint:			



To be completed by receiving Broker/Bank and then signed and retained by Applicant as evidence of payment.

4	INTRAVENOUS INFUSIONS LTD. APPLICATION COUNTERFOIL		
	Surname:	Applicant's Signature/Thumbprint	Broker's/Bank's Signature & Stamp
	First Name:		
	Address:		
	Postal Address:		
	Town/City:		
	Region:	Country:	Amount (GHS):