# COMMITMENT FORM

**LEAD ARRANGER**

SCM CAPITAL

**JOINT ARRANGERS**

ANCHORIA ADVISORY SERVICES | AIICO CAPITAL | IRON | MERISTEM CAPITAL LIMITED | Mulberry | nörrenberger Advisory | Quantum ZENITH CAPITAL | United Capital

**Application List Opening Date**
August 28, 2026

**On behalf of**

**Application List Closing Date**
September 04, 2026

**VFD GROUP PLC**
**RC: 829196**

**Offer for Subscription**

## Up to ₦20,000,000,000 Issue Size
### 270 Days Series 2 (Tranche A) Commercial Paper Issuance
### Issued at a Discount Rate of 18.5498% (Effective Yield – 21.5000%)
### Under the ₦50,000,000,000 Commercial Paper Issuance Programme

Orders must be made in accordance with the instructions set out in this document. Care must be taken to follow these instructions as applications that do not comply may be rejected. If you are in any doubt, please consult your Stockbroker, Accountant, Banker, Solicitor, or any professional adviser for guidance.

**Please complete all relevant sections of this Form USING BLOCK LETTERS WHERE APPLICABLE**

| PARTICIPANT STATUS (PLEASE TICK) | | DATE (DD/MM/YYYY) |
|---|---|---|
| ☐ | High Net-Worth Investors | / / 2026 |
| ☐ | Fund Managers | |
| ☐ | Pension Fund Administrators | |
| ☐ | Insurance Companies | |
| ☐ | Investment/Unit Trusts | |
| ☐ | Multilateral/Bilateral Inst. | |
| ☐ | Market Makers | |
| ☐ | Staff Schemes | |
| ☐ | Trustees/Custodians | |
| ☐ | Stock-broking Firms | |
| ☐ | Resident Corporate Investors | |
| ☐ | Non-Resident Investors | |
| ☐ | Hedge Funds | |

**DECLARATION**

☑I/We note that the Issuer and Arranger are entitled in their absolute discretion to accept or reject this Order.
☑I/We confirm that I/we have read the Shelf Prospectus dated 01 December 2025 and that my/our bid (s) is/are made on the terms set therein.
☑I/We agree to accept the Participation Amount as may be allocated to me/us subject to the terms in the Pricing Supplement.
☑I/We authorise you to enter my/our name on the Register of Noteholders as holders of the Commercial Paper Notes that may be allotted to me/us and to register my/our address as given below.
☑I/we hereby irrevocably undertake and confirm my/our Order(s) for Commercial Paper Issue to my/our Participation Amount(s) set out below at the eventual clearing price.

**In relation to Eligible Individual Investors Only:**

☑I have the requisite knowledge, skill, and experience in business, financial, and investment matters. I am capable of evaluating the merits and risks of an investment in VFD Group PLC Series 2 (Tranche A) Issuance (the "Issue").
☑I have made an independent evaluation and judgment of all merits and risks before investing in the Issue and to the extent necessary, I have also made my own legal, tax, accounting, and financial evaluation of the merits and risks of investing in the Issue.
☑I have considered the suitability of the Issue as an investment in light of my own circumstances and financial condition, and I am able to bear the risks associated with investing in the Issue.
☑I wish to be classified as an Eligible Individual Investor, in accordance with the Rules prescribed by the Securities and Exchange Commission.
☑I make this declaration believing the same to be true.

**PARTICIPANT DETAILS (INDIVIDUAL/CORPORATE/JOINT)**

**All orders must be for a minimum amount of ₦5,000,000.00 (Five Million Naira) and in multiples of ₦1,000.00 (One thousand Naira) thereafter.**

**SURNAME/CORPORATE NAME**

**FIRST NAME (FOR INDIVIDUALS ONLY)** | **OTHER NAMES (FOR INDIVIDUALS ONLY)**

**JOINT APPLICANT'S FIRST NAME (IF APPLICABLE)** | **OTHER NAMES (FOR JOINT APPLICANT ONLY)**

**CONTACT PERSON (FOR CORPORATE APPLICANT)/ NEXT OF KIN (FOR INDIVIDUAL APPLICANT)**

**ADDRESS IN FULL (PLEASE DO NOT REPEAT APPLICANT(S)' NAME). POST BOX NO. ALONE IS NOT SUFFICIENT**

| | | | |
|---|---|---|---|
| | | **TEL.** | |
| **CITY** | | **STATE** | **E-MAIL** |

**PARTICIPATION AND ALLOTMENT DETAILS**

**FACE VALUE:** ₦

Please credit my/our CSCS Depository Account as detailed below to the extent to of the Commercial Paper Notes are allotted (Please indicate if you do not have an account):

**PARTICIPANT'S CSCS ACCOUNT NO:** | **CHN (CLEARING HOUSE NUMBER):** | **MEMBER CODE:**

**BANK DETAILS**

| | | | |
|---|---|---|---|
| **BANK NAME** | | **BRANCH** | |
| **ACCOUNT NO:** | | **CITY / STATE** | |

**AUTHORISATION**

| **SIGNATURE** | **2ND SIGNATURE (CORPORATE / JOINT)** | **TAX ID NO** *(N/A for Pension Fund Administrators)* |
|---|---|---|
| | | |
| **NAME & DESIGNATION** *(Authorised Signatory for Corporates Only)* | **NAME & DESIGNATION** *(Authorised signatory for Corporates Only)* | **OFFICIAL SEAL/ RC. NO.** |
| | | |
| **WITNESS NAME** *(Eligible Investor Only)* | **WITNESS SIGNATURE** *(Eligible Investor Only)* | |
| | | |