SHARE APPLICATION FORM

For the public offer of 753,308,604 Ordinary Shares of Continental Holdings PLC at MWK195 per Ordinary Share
Offer opens 30 June 2026 at 09:00 and closes on 20 July 2026 at 17:00

Continental Holdings PLC ("CHL" or "the Group") (formally Continental Holdings Limited)
Incorporated in Malawi on 18 May 2009 with Registration Number: 9985

Please read the Prospectus including the Terms and Conditions of the Offer and refer to the guide on the reverse side before completing this form. The form should be correctly completed in CAPITALS and all fields must be completed. Incomplete or erroneously completed applications may be rejected

Applicant's declaration to the Directors of CHL

I/We hereby declare that I/we have read and understood in full (a) this Application Form including the instructions on the reverse side of this form (b) the Terms and Conditions of the Offer and (c) the Prospectus which was prepared and published by the Group in relation to the IPO. I/We understand that this is the Application Form referred to in the Prospectus. In particular, I/we do hereby accept the Terms and Conditions set out in the Prospectus pertaining to the IPO and declare that all details and statements made by me/us on this Application Form are complete and accurate.

Signatures:	**Date:**
Assisted by (in case of minors):	

Application Type (Tick the appropriate one):	Individual	Joint Individuals	Corporate	Other (Specify:)

1. **APPLICANT DETAILS**						
Title(s) circle appropriate title(s), or fill in the blank if not listed:	Dr	Mr	Mrs	Miss	Rev	Other (specify):
Name of Applicant:	First Name		Other Names		Surname	
Identification Details (Choose one):	National ID Number		Passport Number		Other ID	
Nationality:						
Date of Birth:	Day		Month		Year	

Legal Name of Applicant (if a Corporate or Other Entity):	Name	Registration Number

Postal Details	
Email Address	
Phone Number	
Physical Address	

2. **APPLICATION FOR SHARES** (NOTE: Minimum of 300 shares are to be applied for and thereafter in multiples of 100 shares)		
Number of Shares Applied for (in figures)	Total Amount Payable (in Figures)	Total Amount Payable (in Words)

3. **APPLICANT'S ACCOUNT DETAILS** (in the event of a refund due to you, the refund will be sent to the account details here)					
Account Details of Applicant	Bank Name	Branch name	Account Name		Account Number
Mode of payment for Shares (Tick appropriate box)	Cash	Banker's cheque	Bank Draft	Electronic Transfer	Internet Banking/Mobile Money

4. **PREFERRED BROKER** (Tick the box next to your preferred broker)			
Continental Capital Limited		Cedar Capital Limited	
		Stockbrokers Malawi Limited	

5. CSD ACCOUNT NUMBER DETAILS	
CSD Number	

Please fill in CSD Form 1 to accompany this Application Form if you do not have a CSD account

GUIDE TO THE APPLICATION FORM

You should read the Prospectus carefully including the Terms and Conditions of the Offer before completing this Application Form.

Instructions:
Please fill out all relevant fields of the Application Form in CAPITAL LETTERS.
Write your full name. Initials are not acceptable for first name and surname of individual applicants. The application must be in the name of natural persons, companies or other legal entities acceptable to the Group. At least one full given name and surname is required for each natural person.
Insert the number of shares that you wish to apply for (not less than 300 shares and in multiples of 100 shares thereafter). Insert the corresponding amount payable for shares applied for in words and figures under Section 2 "Application for Shares". An illustrative number of shares applied for and corresponding monies:

No. of shares	Application monies (MWK)	No. of shares	Application monies (MWK)	No. of shares	Application monies (MWK)
300	58 500	3 000	585 000	10 000	1 950 000
500	97 500	3 500	682 500	20 000	3 900 000
1,000	195 000	4 000	780 000	30 000	5 850 000
1,500	292 500	4 500	877 500	40 000	7 800 000
2,000	390 000	5 000	975 000	50 000	9 750 000

Enter your contact details including: postal address mobile phone number and email address for all correspondence regarding your Application Form or Application Monies or other correspondence in regards to this IPO. All communications to you from the Company will be mailed to the person and address shown on the Application Form. For joint applicants, only one address should be included.
Ensure that you provide your correct CSD account number. If you do not have a CSD account number complete the CSD Form 1, clearly indicating your preferred broker in order to have a CSD account number created for you. Shares that may be allotted to you at the end of the IPO will be credited to this CSD account.
Provide your ID details, preferably the Malawi national ID number or at least a passport number as these are key for the creation of your CSD account number (if you do not have a CSD account already). Applicants without a CSD account and Applicants who do not submit a duly completed CSD form will be provided with physical share certificates indicating their share allotment
Insert your correct account details for purposes of refund of a portion of the monies you paid for the shares in the event of an undersubscription but also for purposes of payment of any dividends in future.

Payments should be made to the following bank account **for investors within Malawi**:

Bank Name	**CDHIB**	**FCB**	**FDH**	**NBM**	**NBS**	**Standard Bank**
Account number:	**0020133732202**	**0003707001934**	**1850105908293**	**1014692971**	**25163307**	**9100009026727**
Account name:	CHL IPO	CHL IPO	CHL IPO	CHL IPO	CHL IPO	CHL IPO
Branch:	Blantyre Banking Centre	Blantyre	Umoyo House	Victoria Avenue	Ginnery Corner	Blantyre
Contact name:	James Chikoti	Adrian Chaguluka	Anthony Masamba	Edda Khulamba	Susan Mkangama	Wilson Kuyokwa
Contact email:	jchikoti@cdh-malawi.com	Adrian.Chaguluka@firstcapitalbank.co.mw	AMasamba@fdh.co.mw	ekhulamba@natbankmw.com	susan.mkangama@nbs.mw	Wilson.Kuyokwa@standardbank.co.mw

Submission of the Application Forms

Submit your Application Form accompanied by payment for the shares applied for at any Receiving Bank Branch or agency near you.

Details of Receiving Banks and respective branches

CDHIB
Blantyre Lilongwe (City Centre) Lilongwe (City Hall)

FCB Agencies

Area 25	Dwangwa	Kasungu	Mchinji	Mzimba	Salima
Chichiri	Gateway Mall	Likuni	Mitundu	Ndirande	
City Mall	Kanengo	Liwonde	Mponela	Nkhata Bay	
Dedza	Karonga	Mangochi	Mulanje	Rumphi	

FCB Branches

Blantyre	Zomba
Capital City	AREA 2
Lilongwe	Limbe
Mzuzu	

FDH Bank

Balaka	Bvubwe	Chilumba	Goliati	Liwonde	Mponela	Neno	Ntcheu	Rumphi
Bangula	Bwaila	Chiponde	Jenda	Luchenza	Mulanje	Nkhatabay	Ntchisi	Salima
BICC	Chichiri	City Centre	Kanengo	Lunzu	Mwanza	Nkhotakota	Old Town	Thyolo
Blantyre Main	Chikwawa	Dowa	Kasungu	Mangochi	Mzuzu	Nsanje	Phalombe	Umoyo
	Chiladzulu	Gateway	Limbe	Monkeybay	Nchalo	Ntaja	Raiply	Zomba

NBM

Balaka	Chitipa	Henderson Street	Kasungu	Mangocgi	Mwanza	Ntcheu	Thyolo
Chichiri	City Center	Kamuzu International Airport	Lilongwe	Mchinji	Mzimba	Salima	Top Mandala
Chichiri Shopping Mall	Customs Road	Kanengo	Lilongwe Getway	Mponela	Mzuzu	Songwe	Victoria Avenue
Chileka Airport	Dwangwa	Karonga	Liwonde	Mulanje	Nchalo	South End	Zomba

NBS

Balaka	Chichiri Mall						
Blantyre	Dedza	Kanengo	Lilongwe	Mangochi	Mzimba	Nkhatabay	Rumphi
Capital City	Dwangwa	Karonga	Limbe	Mchinji	Mzuzu	Nkhotakota	Salima
	Ginnery Corner	Kasungu	Liwonde	Mulanje	Nchalo	Ntcheu	Zomba

Standard Bank

Blantyre	Corporate Banking Centre	City Mall	Bwaila	Dedza	Karonga	Nchalo		
Chichiri	Limbe	Gateway Mall	Mponela	Mangochi	Kasungu	Mwanza	Ntcheu	
Ginery Corner	Capital City	Kanengo	Balaka	Dwangwa	Luchenza	Mzuzu	Salima	
						Mzimba	Zomba	

CSD FORM F1



Reserve Bank of Malawi

SECURITIES ACCOUNT OPENING FORM (CSD)

To be completed in BLOCK LETTERS
APPLICANT PARTICULARS

For Individuals

Full Name…… Gender: Male: ☐ Female: ☐

ID Type*:…… ID Number*:……Date of Birth*:……

Foreign/Local Investor*:……

For Joint Applicants

Full Name…… Gender: Male: ☐ Female: ☐

ID Type*:…… ID Number*:……Date of Birth*:……

Foreign/Local Investor*:……

For Companies/Institutions:

Company Name: …… Registration Number*:……

Date of Registration……

Physical Address* Postal Address:

…… ……

…… ……

…… ……

…… ……

Telephone*:…… Cellphone*:…… Fax:……

Email Address*:……

CSD FORM F1

Authorised Signatories:…… ……

NB (*) Denotes required/mandatory fields. Completed forms must be accompanied by certified copy of ID Document & two (2) passport size photos

Dividend Disposal Instruction

Bank Name: Bank Branch Code: Account Number:

Account Name:

DECLARATION

I/We hereby request you to open and maintain a Securities Account in the Central Securities Depository (CSD) in my/our name(s).
I/We hereby represent and warrant that I/We have good title to such securities that may be held in my/our Securities Account from time to time.
I/We affirm that the funds to be used for the purchase of Securities through my/our Securities Account will not be funds derived from any money laundering activity or funds generated from terrorist or any other illegal activity.
I/We hereby confirm that the undersigned Participant has full authority to intermediate and or conduct business on with the Depository on our behalf in keeping with CSD Rules and Procedures that may be in force from time to time.
I/We agree to be bound by the terms and conditions articulated by the CSD Rules including any procedures and any other instructions.
I/We undertake to notify the under mentioned Participant of any change of particulars or information provided by me/us in this form.

BROKER CONTROLLED ACCOUNT - STOCKBROKERS MANDATE

I/We hereby confirm that I/we appoint ..... to manage my/our CSD Securities Account on our behalf, in accordance with the Terms and Conditions of the Depository in force from time to time". We understand that ..... will be responsible for execution of our trade orders at the Malawi Stock Exchange ("MSE") and recording them on the CSD System while RBM or its agents will be responsible for managing both our cash & scrip settlements on the CSD System. We understand that CSD settlements once confirmed are irrevocable and irreversible and we indemnify ..... against any losses arising as a result of these transactions. No responsibility will be accepted for any errors, omissions or delays in transmissions arising from circumstances beyond the control of .....

Primary Applicant Signature: ..... Date: .....

Joint Applicant Signature: ..... Date: .....

FOR PARTICIPANT USE ONLY **Declaration:** We, the undersigned undertake that we have checked the accuracy of the Documents submitted with this application. Verified By:_____ _____ Signature: _____ Securities Account Number: _____ _____ Account Code:_____	**FOR CSD USE ONLY** Approved Declined Approved By:_____ Signature: _____ _____

For Official Use