



APPLICATION NUMBER

**KFF** 



## MALTA GOVERNMENT STOCK 2% MGS 2020 (V) F.I. (MARCH'15)

## PRICE OF ISSUE €105.75 PER €100 NOMINAL

## NON-COMPETITIVE APPLICATION FORM

Please use block capitals throughout this form

## IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE RELAVANT PROSPECTUS:

1	I/WE APPLY TO PURCHASE AND ACQUIRE,													
	NOMINAL AMOUNT APPLIED FOR (being a multiple of € 100 with a minimum of €100 and a maximum of €100,000 per person							AMOUNT PAYABLE  (being €105.75 for every €100 nominal of applied for)			€105.75 for every €100 nominal of stock			
	EUR									EUR				
2	DETAILS O	F APPLICAN	Γ											
	Name/s													
	Address:													
									Post Code					
	Company Registration No./I.D Card No. Landlin					dline T	Celephone No./Mobile No. (*) N			e No.	(*) MSE Account Number			
		E Account Nu eld in the appli									e the same MSE Account number nange.			
3	STATISTIC	AL CLASSIFI	CATI	ON										
	This section	is used solely	for th	e statis	stical	class	ificat	ion of	applic	ants: ma	ark "X" as applicable			
	<ul> <li>This section is used solely for the statistical classification of applicants: mark "X" as applicable</li> <li>1. If the applicant has been residing/operating, is residing/operating or intends to reside/operate in Malta for one year, mark "X" in Section A and in the appropriate box of Section C.</li> </ul>													
	2. Non-Residents should mark "X" in the appropriate boxes of <b>Section B</b> and <b>Section C</b> .													
	Section A:						Se	Section B:			Manager Helm Manager —			
	Resident			Non Resident			dent (d	of which):	Monetary Union Member State  : Other European Union country  Other foreign country					
	Section C:													
					inancial company:						Non-financial company/Corporation			
	Individual of Household	or		<ul> <li>Credit Institution</li> <li>Other financial int</li> <li>Collective Invest</li> <li>Insurance Comp</li> </ul>							■Private-owned (including Partnerships)			
	■Minors (Un	ider 18 years)					stme	tment Schemes	■State-Owned					
	■Non-Profit	Organisation		■Othe		chan	ge bu	ıreau,			■Government Funds			

_	INTEREST MANDATE BY DIRECT	COPEDIT (SFDA)				
	Dank/Dianch IB	AN (International Bank Account Number)				
	Applicants who have existing holdi quoted above in respect of the presholding in the said Stock.		ensure that the IBAN and details as as those already held for the existing			
	WITHHOLDING TAX ON INTERES	T APPLICABLE ONLY TO RESIDE	ENTS IN MALTA			
	I / We elect to have Final Withl	ed from my/our interest.				
	I / We elect to receive interest	Gross (i.e. without deduction of With	holding Tax). I / We hereby authorise end paid to me / us during each calendar			
	In the case where the applicant/s has/have existing holding in this Fungibility Issue s/he/they must ensure that the same <u>Tax Option</u> currently applied to the existing holding in the said Stock be applied as well to the present Application.					
	GROSS INTEREST RECEIVABLE B	Y NON - RESIDENT APPLICANT/S	\$			
	NON – RESIDENT DECLARATION	FOR TAX PURPOSES				
	Tax Identification No (*)	,	Residence Country (for Tax purposes) (*)			
	Country of Birth		Place/Town of Birth			
	Passport/ID Card No.	Country of Issue	Issue Date			
	Non-Resident Individuals must fill in all in indicated at (*) above.	Resident Companies are to fill only information				
		residence status shall change, it shall be	urpose of the Income Tax Act Chapter 123 of my/our sole and exclusive responsibility to that a false declaration of residence is			
	PAYMENT, DECLARATIONS AND	SIGNATURES				
	I / We hereby undertake to pay <b>Euro</b> lesser amount that may be allotted to		f Stock and to accept the same, or any			
	I/We have fully understood the conterthe basis of the relevant Prospectus a		n/we are making this Application solely or which I / we fully accept.			
	By completing and delivering an Application Form, I/We, as the Applicant(s), acknowledge that the Issu process the personal data that I/We provide in the Application Form in accordance with the Data Protecti 2001.					
	Signature of eligible investor/s	Date	ID Card			
	Signature of eligible investor/s	Date	ID Card			
	Full name of MINOR'S PARENTS/LEGAL GU If the eligible investor is a minor, the purity name and surname in full in this	arent or legal guardian is to sign (abo	ove) and			

It is the responsibility of the applicant to ensure that the information entered on the application form is correct.