



Treasury
Floriana



RIZZO FARRUGIA
YOUR INVESTMENT CONSULTANTS

APPLICATION NUMBER

KFF

MALTA GOVERNMENT STOCK 2.5% MGS 2036 (I)

PRICE OF ISSUE €101.50 PER €100 NOMINAL

NON-COMPETITIVE APPLICATION FORM

Please use block capitals throughout this form

IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE PROSPECTUS REGULATING THE MGS ISSUE:

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 €101.50 for every €100 nominal of stock applied for)																					
EUR	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											EUR	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

2 DETAILS OF APPLICANT

Name/s	Mr/Mrs/Ms/Other		
Address:			
		Post Code	
Company Registration No./I.D Card No.	Landline Telephone No./Mobile No.	(*) MSE Account Number	

(*) The **MSE Account Number** quoted on the Application Form should be the same **MSE Account number** currently held in the applicant's name as recorded at the Malta Stock Exchange.

3 STATISTICAL CLASSIFICATION

This section is used solely for the statistical classification of applicants: mark "X" as applicable

- 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**.
- Non-Residents should mark "X" in the appropriate boxes of **Section B** and **Section C**.

Section A:	Section B:	Monetary Union Member State <input type="checkbox"/>
Resident <input type="checkbox"/>	Non Resident (of which):	Other European Union country <input type="checkbox"/>
		Other foreign country <input type="checkbox"/>

Section C:

Individuals/NGOs:	Financial company:	Non-financial company/Corporation
▪Individual or Household <input type="checkbox"/>	▪Credit Institution <input type="checkbox"/>	▪Private-owned (including Partnerships) <input type="checkbox"/>
▪Minors (Under 18) <input type="checkbox"/>	Other financial intermediary of which:	▪State-Owned <input type="checkbox"/>
▪Non-Profit <input type="checkbox"/>	▪Collective Investment Schemes <input type="checkbox"/>	▪Government Funds <input type="checkbox"/>
	▪Insurance Company <input type="checkbox"/>	
	▪Other (Exchange bureau, Licensed stockbroker) <input type="checkbox"/>	

4 INTEREST MANDATE BY DIRECT CREDIT (SEPA)

IBAN (International Bank Account Number)												Bank/Branch											

5 REPAYMENT OF CAPITAL INSTRUCTIONS (IRREVOCABLE) ON MATURITY OF THE STOCK

I/We elect to receive the repayment of capital on maturity of the Stock by <i>(Please choose either “A” or “B”):</i>	
A	Direct credit in the bank account nominated where the interest is received <i>(bank charges may apply)</i> .
B	Cheque
If none of the boxes (“A” or “B”) are checked, option A will apply.	

6 WITHHOLDING TAX ON INTEREST APPLICABLE ONLY TO RESIDENTS IN MALTA

<input type="checkbox"/>	I / We elect to have Final Withholding Tax currently at 15% deducted from my/our interest.
<input type="checkbox"/>	I / We elect to receive interest Gross (i.e. without deduction of Withholding Tax). I / We hereby authorise you to inform the Commissioner of Revenue of the amount of dividend paid to me / us during each calendar year.

7 GROSS INTEREST RECEIVABLE BY 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
<i>Non-Resident Individuals must fill in all information requested in Section 7. Non-Resident Companies are to fill only information indicated at (*) above.</i>		
I am / We are not subject to tax as I am/we are not a Maltese resident/s for the purpose of the Income Tax Act Chapter 123 of the Laws of Malta. If at any time my/our residence status shall change, it shall be my/our sole and exclusive responsibility to inform you of such change forthwith. I/We further declare that I/we am/are aware that a false declaration of residence is punishable by law.		

8 PAYMENT, DECLARATIONS AND SIGNATURES

I / We hereby undertake to pay Euro101.50 for every Euro 100 nominal of Stock and to accept the same, or any lesser amount that may be allotted to me/us.		
I/We have fully understood the contents of this Application Form, and I am/we are making this Application solely on the basis of the relevant Prospectus and subject to its terms and conditions which I / we fully accept. By completing and delivering an Application Form, I/We, as the Applicant(s), acknowledge that the Issuer may process the personal data that I/We provide in the Application Form in accordance with the Data Protection Act, 2001.		
Signature of eligible investor/s	Date	ID Card
Signature of eligible investor/s	Date	ID Card
Full name of MINOR’S PARENTS/LEGAL GUARDIANS If the eligible investor is a minor, the parent or legal guardian is to sign (above) and write name and surname in full in this box.		→

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