



**APPLICATION NUMBER** 

**KFF** 



## MALTA GOVERNMENT STOCK 4.1% MGS 2034 (I)

## PRICE OF ISSUE €100.75 PER €100 NOMINAL

## NON-COMPETITIVE APPLICATION FORM

Please use block capitals throughout this form

	IN ACCOR	DANCE WITH	ППЕ	ILKN	MS AND CO	INDITIONS OF	THE KEL	AVANT PROSPECTUS:						
1	I/WE APPL	Y TO PURCHA	ASE A	ND A	CQUIRE,									
	(being a	MINAL AMOU multiple of € 1 a <mark>maximum o</mark>	.00 w	ith a n	ninimum of		(being (	AMOUNT PAYABLE  100.75 for every €100 nominal of stock applied for)						
	EUR						EUR							
2	<b>DETAILS</b> C	F APPLICANT												
	Name/s													
	Address:													
								Post Code						
	Company Registration No./I.D Card No. Landl					elephone No./Mobil	le 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  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.													
	2. Non-F	2. Non-Residents should mark "X" in the appropriate boxes of <b>Section B</b> and <b>Section C</b> .												
	Section A:  Resident					Section B:		Monetary Union Member State	7					
						Non Resident (	of which):		_ ]					
	Section C:													
	Individuals			Finar	ncial compa	any:		Non-financial company/Corporatio	n					
	<ul><li>Individual of Household</li></ul>	or			dit Institution	n Intermediary of w	□	■Private-owned (including Partnerships)						
	■Minors (Ur	nder 18 years)		■Colle		tment Schemes		■State-Owned						
	■Non-Profit	Organisation		■Othe	er (Exchang ensed stockb	e bureau,		■Government Funds E						

R																							
4	INTEREST MANDATE BY	DIRECT CREDIT	(SEPA)																				
	Bank	Br	Branch																				
	IBAN (International Bank Accoun	t Number)	Number)																				
																1							
5	WITHHOLDING TAX ON II	WITHHOLDING TAX ON INTEREST APPLICABLE ONLY TO RESIDENTS IN MALTA																					
	I / We elect to have Fi	nal Withholding Tax	x currently	at 15	5% c	dedu	icted	l fro	m r	ny/c	our i	nter	est.										
	I / We elect to receive interest Gross (i.e. without deduction of Withholding Tax). I / We hereby authorise you to inform the Commissioner of Inland Revenue of the amount of dividend paid to me / us during each calendar year.																						
6	GROSS INTEREST RECEIVABL BY NON - RESIDENT APPLICANT/S																						
	NON – RESIDENT DECLARATION FOR TAX PURPOSES																						
	I am / We are <b>not</b> subject to tax as I am/we are <b>not</b> a Maltese resident/s for the purpose of the Incom Chapter 123 of the Laws of Malta. If at any time my/our residence status shall change, it shall be my/ou exclusive responsibility to inform you of such change forthwith. I/We further declare that I/we am/are aw false declaration of residence is punishable by law.										our	r sole and											
	Passport Number	Country of Issue		lss	ue D	ate				Na	tiona	lity						_					
7	PAYMENT, DECLARATIONS AND SIGNATURES																						
	I / We hereby undertake to pay <b>Euro100.75</b> for every Euro 100 nominal of Stock and to accept the same, lesser amount that may be allotted to me/us.									or any													
	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 Iss process the personal data that I/We provide in the Application Form in accordance with the Data Protect 2001.																						
	Signature of eligible investor/s		Date							I	ID C	ard											
	Signature of eligible investor/s		Date							I	ID C	ard											
	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.							ınd							_								

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