


 Treasury
 Floriana

MALTA GOVERNMENT STOCK

3% MGS 2019 (III)

PRICE OF ISSUE €100.50 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 €100.50 for every €100 nominal of stock applied for)	
EUR								EUR	

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: Resident <input type="checkbox"/>	Section B: Non Resident (of which): <table style="width: 100%;"> <tr> <td>Monetary Union Member State</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other European Union country</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other foreign country</td> <td><input type="checkbox"/></td> </tr> </table>	Monetary Union Member State	<input type="checkbox"/>	Other European Union country	<input type="checkbox"/>	Other foreign country	<input type="checkbox"/>
Monetary Union Member State	<input type="checkbox"/>						
Other European Union country	<input type="checkbox"/>						
Other foreign country	<input type="checkbox"/>						

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

4 INTEREST MANDATE BY DIRECT CREDIT

Bank	Branch
Account Number	

5 WITHHOLDING TAX ON INTEREST APPLICABLE ONLY TO RESIDENTS IN MALTA

- I / We elect to have Final Withholding Tax currently at 15% deducted from my/our interest.
- 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 RECEIVABLE BY NON - RESIDENT APPLICANT/S

NON – RESIDENT DECLARATION FOR TAX PURPOSES			
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.			
Passport Number	Country of Issue	Issue Date	Nationality

7 PAYMENT, DECLARATIONS AND SIGNATURES

I / We hereby undertake to pay **Euro100.50** 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.