



TAX _____ / _____

MALTA STOCK EXCHANGE plc

Garrison Chapel, Castille Place,
Valletta VLT 1063,
Malta

GROSS TAX FORM

Date: _____

Tel: +356 2124 4051
Fax: +356 2569 6316
E-mail: borza@borzamalta.com.mt
Website: www.borzamalta.com.mt

Dear Sir/ Madam

Re: MSE A/c No: _____

Company Registration No: C42525

With reference to the above-mentioned account, please note that I would like to revoke my previous instructions and that future dividends / interest of the following are issued gross:

NAME OF SECURITY/IES:-

I hereby authorize you to inform the Commissioner of Inland Revenue of the amount of gross interest paid to me during each year, on the above-mentioned stocks.

Yours faithfully

Signature: _____

Signature: _____

Full Name: _____

Full Name: _____

Id Card N° _____

Id Card N° _____

.....

(Signature of

Witness* to Identity & Signature/s of appearer/s hereon: _____ witness)

Full name of witness in BLOCKS: _____

Witness Address: _____

ID card N°: _____

Rubber-stamp of witness:

**NB: Witness must be a professional¹ or a manager/ director at an MFSA/ or (other reputable jurisdiction regulatory authority) licensed entity.*

¹ "Professional" means a member of the professions holding a valid warrant to practise a profession according to law. Professionals from outside Malta need to have their signature apostilled.