



# MALTA GOVERNMENT STOCK

0.40% MGS 2027 (IV)

## BID/APPLICATION FORM

Please use block capitals throughout this form

IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE GENERAL PROSPECTUS PUBLISHED ON THE 30th NOVEMBER 2018 AND THE OFFERING CIRCULAR REGULATING THE MGS ISSUE OF FEBRUARY 2021:

1	I/WE APPI	Y/BID TO PURCHA	SE AND AC	OUIRE.						
	NOMINAL AMOUNT (minimum EUR 500,000 and in multip of EUR 100,000 thereafter)						BID PRICE PER EUR 100 NOMINAL OF (Up to two decimal places)			
	EUR						EUR			
2	<b>DETAILS</b> (	OF APPLICANT								
	Name/s	Mr/Mrs/Ms/Other								
	Address:									
	7 Idai CSS.	Post Code								
1	Company Reg	No./Passport/I.D. Card No.	Document Type	pe Country of Issue Da			ate of Issue Nationality Date of I		Date of B	irth
	Company Reg. 1	vo./1 assport 1.D. Card 1vo.	Bocument Typ	Country	OI ISSUE	Dui	e of issue	rutionanty	Dute of B	ıııı
	LEI (Legal Entit	y Identifier) (if applicant is Not	Mobile No.	Mobile No. MSE Account No (leave blank if filling in Section			n 2.1)			
2.1.0	Clearstream-Malta Stock Exchange Access Link: If availing of the Malta Stock Exchange plc ('MSE')- Clearstream Banking AG, Frankfurt ('CBF') Access Link as a customer of CBF or Clearstream Banking SA, Luxembourg ('CBL'), or any other investor capable of clearing through CBF/CBL via another central securities depository or international central securities depository ('other CS/ICSD') linked to CBF/CBL, kindly fill in the relevant details as appropriate as indicated hereunder in Section 2.1.1 or 2.1.2 below: (leave this section blank if applying under MSE Acc.)For further information vide: Malta Stock Exchange plc - Clearstream MSE Access Link									
	REGISTERED NAME AS KNOWN TO CBF/CBL (2.1.1) or other CSD (2.1.2) CSD LINKED TO CBF/CBL (only if a CBF/CBL or							BL or		
2.1.1	other CSD customer availing of the MSE-CBFAccess Link)  Name and Address of CBF/CBL:  CBF/CBL Account Number /BIC									
2.1.2	Name & Address of Other CSD Linked to CBF/CBL*:					Account No. of other CSD Linked to CBF/CBL*				
	* Please see A	nnex 1 Section A								
3		CAL CLASSIFICATI								
	<ol> <li>This section is used solely for the statistical classification of applicants: mark "X" as applicable</li> <li>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> <li>Non-Residents should mark "X" in the appropriate boxes of Section B and Section C.</li> </ol>									
	Section A: Section B:			Monetary	Union Member	П				
	Resident			Non Resident which):	Non State Resident (of Other European Union					
	Section C:									
	Individuals/NGOs: company: Fin			Financial	company:			Non-financia		
	■Individual or Household			■Credit In				Private-own (including Partnerships)		
	■Non-Profit C	Organisation		Collective Schemes	e Investmen e Company		ary of which:	■State-Owned ■Government		
				bureau, Li	censed			Funds		

4	INTEREST MANDATE BY DIRECT CREDIT (SEPA)					
	Bank	BIC				
	IBAN					
_						
5	REPAYMENT OF PRINCIPAL INSTRUCTIONS (IRREVOCABLE) ON MATURITY OF THE STOCK					
	I/We elect to receive the repayment of principal 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 (bank charges may apply).  B Charges					
	If none of the boxes ("A" or "B") are checked, option					
6	WITHHOLDING TAX ON INTEREST APPLICAB	LE ONLY TO RESI	DENTS IN MALTA			
	I/We elect to have Final Withholding Tax currently at 15% deducted from my/our interest.  I am /We are applying in the name of an authorised Prescribed Fund and will have Final Withholding Tax currently 10% deducted from interest payment.					
	☐ I/We elect to receive interest Gross (i.e. without deduc	ve interest Gross (i.e. without deduction of Withholding Tax).				
7	GROSS INTEREST RECEIVABLE BY NON - RES	IDENT APPLICANT	Γ/S			
	NON – RESIDENT DECLARATION FOR TAX PURPO	SES				
	Tax Identification No (*)	F	Residence Country (for Tax purposes) (*)			
	Country of Birth	Place/Town of Birth				
	ident Companies are to fill only					
	I am/We are <b>not</b> subject to tax as I/we am/are <b>not</b> a Maltese resident/s for the purpose of the Income Tax Act Chapte the Laws of Malta. If at any time my/our residence status shall change, it shall be my/our sole and exclusive responsi inform you of such change forthwith. I/We further declare that I am/we are aware that a false declaration of residence by law.					
8	PAYMENT METHOD (T+2)					
	I/We confirm that the amount payable or any other sum allotted shall be paid at the Central Bank of Malta – to the credit of Account No. 40001 EUR-CMG5-010-I - (BIC: MALTMTMT - IBAN: MT75MALT011000040001EURCMG5010I) by not later than 10:00am (CET) of Friday 26th February 2021.					
9	DECLARATIONS AND SIGNATURES					
	I/We have fully understood the contents of this Bid/Application Form and am/are making this Bid/Application solely on the basis of the General Prospectus and the relevant Offering Circular and subject to its terms and conditions which I/We fully accept.  I/We hereby authorise the Accountant General to forward the details to the Malta Stock Exchange for the purpose of registering the Malta Government Stock in my/our MSE account and to enable the reporting of all necessary transaction and personal information provided in this Bid/Application Form to the MFSA as competent Authority ("Transaction Reporting"). Furthermore, I/we understand and acknowledge that the Accountant General (The "Issuer") may require additional information for Transaction Reporting purposes and agree that such information will be provided.					
By completing and delivering this Application Form, I/we, as the Applicant/s, acknowledge that the Issuer n personal data that I/we provide in the Application Form in accordance with the Data Protection Act (Cap. 586 Malta) and the General Data Protection Regulation – GDPR (Regulation (EU) 2016/679) in force at the time of Company of the Cap. 586 Malta) and the General Data Protection Regulation – GDPR (Regulation (EU) 2016/679) in force at the time of Cap.						
	Signature of Applicant/s	Date	ID Card			
	Signature of Applicant/s	Date	ID Card			
	If the applicant is a corporate body, please state capacity in we.g. Director	hich declaration is made	Fax Number			

### (A) ADDITIONAL INFORMATION TO SECTION 2.1.2 (MSE-CBF ACCESS LINK)

	rs who shall be availing ing additional informa		Link through other CSD linked to	the CBF/CBL should fill in the			
(1)	Receiving Agent wi	th CBF					
(2)	Account of Receiving	ng Agent with CBF					
(3)	Receiving Custodian	n corresponding with Rece	eiving Agent				
(4)	Account of Receiving	ng Custodian with Receivi	ng Agent				
(5)	Buyer where applica	able (Buyer with Receiving	g Custodian)				
(6)	Account of BUYER						
Meani	ng of Terms						
(1)	(1) CBF participant acting as agent for the relay to other linked CSD						
(2)	The CBF participant's (1) account number						
(3)	The Receiving transferee Custodian which will take delivery of the assets;						
(4)	The Receiving Custodian's (3) account number with linked CSD;						
(5)	Where appropriate, actual buyer in whose name the assets will be segregated; and						
(6)	The Buyer's (5) account number						
Section	on B	(D) DE	CISION MAKER DETAILS				
Full N	AMF & SURNAME (C	OF DECISION MAKER)	CISION MAKER DETAILS	I.D. CARD/PASSPORT NO.			
Tunit		or beginning with the second		i.b. chichimosi oki ivo.			
DOCU	MENT TYPE	COUNTRY OF ISSUE	DATE OF BIRTH	NATIONALITY			
NAME	E OF LEGAL ENTITY	(WHERE APPLICABLE)	CO. REG. NO. (WHERE APPLICABLE)	LEI CODE (WHERE APPLICABLE)			
s an ind	ividual that holds a po		rised to transact on behalf of the An the Applicant's account or applicate pace provided above.				



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#### ADDENDUM TO BID/APPLICATION FORM

Please use block capitals throughout this form

The Addendum to the application form is to be completed <u>only</u> in case of a Bid/Application form made by MORE THAN TWO PERSONS. In this event, this addendum is to be construed to form part of the Bid/Application form in its entirety.

**DETAILS OF ORIGINAL BID/APPLICATION FORM** 

Name of First Applicant on								
Company Reg. No./Passpor	Company Reg. No./Passport/I.D. Card No.							
ADDITIONAL (JOIN	T) BIDDERS/APPI	LICA	NTS					
FULL NAME & SURNAM	I.D. CARD/PASSPORT NO.							
DOCUMENT TYPE	COUNTRY OF ISS	UE	DATE OF BIRTH	NATIONALITY				
FULL NAME & SURNAM	I.D. CARD/PASSPORT NO.							
DOCUMENT TYPE	CUMENT TYPE COUNTRY OF ISSUE		DATE OF BIRTH	NATIONALITY				
	1		1	-				
DECISION MAKER DE	17							
FULL NAME & SURNAM	ME (OF DECISION MA	KER)		I.D. CARD/PASSPORT NO.				
DOCUMENT TYPE C	OUNTRY OF ISSUE	DAT	E OF BIRTH	NATIONALITY				
NAME OF LEGAL ENTIT	Y (WHERE APPLICABLE)	CO. I	REG. NO. (WHERE APPLICABLE)	LEI CODE (WHERE APPLICABLE)				
	0.1 7:1/4 1: -:	2						
We have fully understood the contents of the Bid/Application form which is being made solely on the basis of the General Prospectus and the relevant Offering Circular and subject to its terms and conditions which we fully accept.								
Signature of Applicant/s			Date	ID Card				
Signature of Applicant/s			Date	ID Card				
Signature of Applicant/s			Date	ID Card				
Signature of Applicant/s			Date	ID Card				
All parties are to sign in the case of a Bid/Joint Application form. If the applicant is a corporate body please state capacity in which declaration								

All parties are to sign in the case of a Bid/Joint Application form. If the applicant is a corporate body, please state capacity in which declaration is made e.g. Director