



MALTA GOVERNMENT STOCK

0.30% MGS 2024 (IV)

I

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 MAY 2020:

1 I/WE APPLY/BID TO PURCHASE AND ACQUIRE,

NOMINAL AMOUNT (minimum EUR 500,000 and in multiples of EUR 100,000 thereafter)		BID PRICE PER EUR 100 NOMINAL OF (Up to two decimal places)	
EUR		EUR	

2 DETAILS OF APPLICANT

Name/s	Mr/Mrs/Ms/Other				
Address:					
					Post Code
Company Reg. No./Passport/I.D. Card No.	Document Type	Country of Issue	Date of Issue	Nationality	Date of Birth
LEI (Legal Entity Identifier) (if applicant is Not an Individual)		Mobile No.	MSE Account No (leave blank if filling in Section 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 other CSD customer availing of the **MSE-CBF Access Link**)

2.1.1	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 Annex 1 Section A

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: Monetary Union Member <input type="checkbox"/> Non Resident (of which): State <input type="checkbox"/> Other European Union country <input type="checkbox"/> Other foreign country <input type="checkbox"/>
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Section C:		
Individuals/NGOs: company: ■ Individual or Household <input type="checkbox"/> ■ Non-Profit Organisation <input type="checkbox"/>	Financial company: ■ 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"/>	Non-financial ■ Private-owned (including Partnerships) <input type="checkbox"/> ■ State-Owned <input type="checkbox"/> ■ Government Funds <input type="checkbox"/>

4 INTEREST MANDATE BY DIRECT CREDIT (SEPA)

Bank	BIC
IBAN	

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 *(Please choose either "A" or "B")*:

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 am / We are applying in the name of an authorised Prescribed Fund and will have Final Withholding Tax currently 10% deducted from interest payment.
<input type="checkbox"/>	I / We elect to receive interest Gross (i.e. without deduction of Withholding Tax).

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
<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/we am/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 am / we are aware that a false declaration of residence is punishable 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 Monday 4th May 2020.**

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 may process the personal data that I/we provide in the Application Form in accordance with the Data Protection Act (Cap. 586 of the Laws of Malta) and the General Data Protection Regulation – GDPR (Regulation (EU) 2016/679) in force at the time of data processing.

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 which declaration is made e.g. Director		Fax Number

N.B. APPLICATIONS BY E-MAIL ARE TO BE ADDRESSED TO fiona.mallia@gov.mt AND COPIED TO jeanette.a.vella@gov.mt; joseph.l.farrugia@gov.mt; stefano.manicolo@gov.mt

APPLICATIONS BY FAX SHALL BE TRANSMITTED ON FAX NUMBER 2596-7210

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

Bidders who shall be availing of the MSE-CBF Access Link through other CSD linked to the CBF/CBL should fill in the following additional information:

(1)	Receiving Agent with CBF	
(2)	Account of Receiving Agent with CBF	
(3)	Receiving Custodian corresponding with Receiving Agent	
(4)	Account of Receiving Custodian with Receiving Agent	
(5)	Buyer where applicable (Buyer with Receiving Custodian)	
(6)	Account of BUYER	

Meaning of Terms

- (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 B**(B) DECISION MAKER DETAILS**

Full NAME & SURNAME (OF DECISION MAKER)			I.D. CARD/PASSPORT NO.
DOCUMENT TYPE	COUNTRY OF ISSUE	DATE OF BIRTH	NATIONALITY
NAME OF LEGAL ENTITY (WHERE APPLICABLE)		CO. REG. NO. (WHERE APPLICABLE)	LEI CODE (WHERE APPLICABLE)

Where a decision to invest is taken by a third party authorised to transact on behalf of the Applicant (a "decision maker") such as an individual that holds a power of attorney to trade on the Applicant's account or applications under discretionary account, details of the decision maker need to be included in the space provided above.

Signature/s

(All parties are to sign in the case of a joint Application)

Date



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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 only 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 the Bid/Application form
Company Reg. No./Passport/I.D. Card No.

ADDITIONAL (JOINT) BIDDERS/APPLICANTS			
FULL NAME & SURNAME			I.D. CARD/PASSPORT NO.
DOCUMENT TYPE	COUNTRY OF ISSUE	DATE OF BIRTH	NATIONALITY
FULL NAME & SURNAME			I.D. CARD/PASSPORT NO.
DOCUMENT TYPE	COUNTRY OF ISSUE	DATE OF BIRTH	NATIONALITY

DECISION MAKER DETAILS			
FULL NAME & SURNAME (OF DECISION MAKER)			I.D. CARD/PASSPORT NO.
DOCUMENT TYPE	COUNTRY OF ISSUE	DATE OF BIRTH	NATIONALITY
NAME OF LEGAL ENTITY (WHERE APPLICABLE)	CO. REG. NO. (WHERE APPLICABLE)	LEI CODE (WHERE APPLICABLE)	

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 is made e.g. Director