



# MALTA GOVERNMENT STOCK

## 1.40% MGS 2046 (I) F.I. (MAY 2021)

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 30<sup>th</sup> NOVEMBER 2018 AND THE OFFERING CIRCULAR REGULATING THE MGS ISSUE OF MAY 2021:**

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

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

#### 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.		

**2.1 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'), kindly fill in the relevant details as appropriate as indicated in Annex 1 Section A: For further information vide: [Malta Stock Exchange plc - Clearstream MSE Access Link](#)*

#### 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-Residents should mark "X" in the appropriate boxes of **Section B** and **Section C**.

<b>Section A:</b>  <b>Resident</b> <input type="checkbox"/>	<b>Section B:</b> Monetary Union Member State <input type="checkbox"/> <b>Non Resident (of which):</b> Other European Union country <input type="checkbox"/> Other foreign country <input type="checkbox"/>
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<b>Section C:</b>		
<b>Individuals/NGOs: company:</b> ■ Individual or Household <input type="checkbox"/> ■ Non-Profit Organisation <input type="checkbox"/>	<b>Financial company:</b> ■ 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"/>	<b>Non-financial</b> ■ 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 PRINCIPAL INSTRUCTIONS (IRREVOCABLE) ON MATURITY OF THE STOCK**

I/We elect to receive the repayment of principal 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 *(bank charges may apply)*. **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**

- 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 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

*Non-Resident Individuals must fill in all information requested in Section 7. Non-Resident Companies are to fill only information indicated at (\*) above.*

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 Friday 21<sup>st</sup> May 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 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 [stefano.manicolo@gov.mt](mailto:stefano.manicolo@gov.mt); [joseph.l.farrugia@gov.mt](mailto:joseph.l.farrugia@gov.mt); [jeanette.a.vella@gov.mt](mailto:jeanette.a.vella@gov.mt); [fiona.mallia@gov.mt](mailto:fiona.mallia@gov.mt)

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

**Section A****(A) ADDITIONAL INFORMATION TO SECTION 2.1 (MSE-CBF ACCESS LINK)**

(1)	BIC of Receiving Agent with CBF	
(2)	Account of Receiving Agent with CBF	
(3)	BIC of Receiving Custodian corresponding with Receiving Agent (if different from 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;
- (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 the receiving agent;
- (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



Treasury  
Floriana

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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