

**IT-TEŻOR  
FLORIANA  
MALTA**



**THE TREASURY  
FLORIANA  
MALTA**

Our Ref:

Telephone: 25967100/141/180

Fax: 25967210

Your Ref:

e-mail: [roberta.a.borg@gov.mt](mailto:roberta.a.borg@gov.mt)

cc: [sharon.pollacco@gov.mt](mailto:sharon.pollacco@gov.mt);

## TENDER FOR TREASURY BILLS

To the Accountant General

Date: **19 January 2021**

In accordance with the terms of Government Notice No **1492** dated **18 December 2020** inviting tenders for **one hundred eighty-two days** Malta Government Treasury Bills, I/we the undersigned hereby offer to purchase € \_\_\_\_\_ Treasury Bills due for repayment on **22 July 2021** at a yield of \_\_\_\_\_ percent.

I/We undertake to pay for such an amount of bills as may be allotted to me/us by bank transfer to the credit of the Public account (IBAN: MT55MALT011000040001EURCMG5001H) (SWIFT BIC: MALTMTMT) held at Central Bank of Malta before 10.00 a.m. (CET) of **21 January 2021**.

Name .....  
Address .....  
Contact person (if applicable) .....

**A TENDER WITHOUT A  
DEFINITE YIELD WILL  
NOT BE CONSIDERED**

Tel No. / Fax No. ....

Signature .....

ID Card / Registration No .....

MSE Account Number .....

Legal Entity Identifier (LEI) .....

*Please complete income tax instructions on page 2*

**REDEMPTION OF MATURED TREASURY BILLS/INTEREST**

Payment will be made by Direct Credit to a bank account

**Bank &  
Branch**

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**BIC**

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**IBAN**

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**WITHHOLDING TAX ON INTEREST (to be completed only if the applicant is a resident)**

- I/We elect to have Final Withholding Tax, currently 15%, deducted from my/our Dividend.
  
- I/We elect to receive Dividend GROSS, I hereby authorise you to inform the Commissioner of Inland Revenue of the amount of dividend paid to me during each calendar year.

**NON RESIDENTS**

I/We am/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/we am/are aware that a false declaration of residence is punishable by law.

Passport No.: ----- (\*) Residence Country (for Tax purposes): -----

Issue Date: ----- Place/Town of Birth: -----

Country of Issue: ----- Country of Birth: -----

(\*) Tax Identification Number (TIN): -----

*Non-resident individuals must fill in all information requested above. Non-resident companies are to fill in only information indicated at (\*) above.*

By completing and delivering a tender form I/we, as the Applicant(s), acknowledge that the Issuer may process the personal data that I/we provide in the tender form in accordance with the Data Protection Act (Cap.586) and the General Data Protection Regulation-GDPR (Regulation (EU) 2016/679) in force at the time of data processing.

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Signature

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ID Card No.

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Date