



# MALTA GOVERNMENT STOCK

## Floating Rate MGS 2019 (IV) Linked to the six-month Euribor

I

### BID/APPLICATION FORM

*Please use block capitals throughout this form*

**IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE RELEVANT PROSPECTUS:**

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

NOMINAL AMOUNT (minimum EUR 250,000 in multiples of EUR 50,000)	BID PRICE PER EUR 100 NOMINAL OF STOCK (Up to two decimal places)												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">EUR</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>	EUR										<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">EUR</td> <td style="width: 90%;"></td> </tr> </table>	EUR	
EUR													
EUR													

#### 2 DETAILS OF APPLICANT

Name/s	Mr/Mrs/Ms/Other		
Address:			
		Post Code	
Company Registration No./I.D Card No.	Landline Telephone No.	MSE Account No (leave blank if filling in Section 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'), 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 below: (leave this section blank if applying under MSE Acc.) For further information vide: [Malta Stock Exchange plc - Clearstream MSE Access Link](#)*

<b>2.1</b>	REGISTERED NAME AS KNOWN TO CBF/CBL (1) or other CSD (2) (only if a CBF/CBL or other CSD customer availing of the <b>MSE-CBF Access Link</b> )	CBF/CBL ACCOUNT NUMBER (pls. fill in or strikethrough as appropriate)	OTHER CSD LINKED TO CBF/CBL (pls. fill in or strikethrough as appropriate) (2) <b>Name &amp; Address of Other CSD Linked to CBF/CBL</b>
	(1)	(1)	Please see Annex 1
	(2)		(2) Account No. of other CSD Linked to CBF/CBL Please see Annex 1

#### 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**.

<b>Section A:</b>  Resident <input type="checkbox"/>	<b>Section B:</b>  Monetary Union Member State <input type="checkbox"/> Non Resident (of which): Other European Union country <input type="checkbox"/> Other foreign country <input type="checkbox"/>
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<b>Section C:</b>		
<b>Individuals/NGOs:</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 company/Corporation</b> ■ Private-owned (including Partnerships) <input type="checkbox"/> ■ State-Owned <input type="checkbox"/> ■ Government Funds <input type="checkbox"/>

<b>4</b>	<b>INTEREST MANDATE BY DIRECT CREDIT</b>
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Bank and Branch	BIC
IBAN	

<b>5</b>	<b>WITHHOLDING TAX ON INTEREST APPLICABLE ONLY TO RESIDENTS IN MALTA</b>
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>I / We elect to have Final Withholding Tax currently at 15% deducted from my/our interest.</p> <p><i>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></p> <p>I / We elect to receive interest Gross (i.e. without deduction of Withholding Tax). I / We hereby authorise you to inform the Commissioner of Inland Revenue of the amount of dividend paid to me / us during each calendar year.</p>
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<b>6</b>	<b>GROSS INTEREST RECEIVABLE BY NON - RESIDENT APPLICANT/S</b>
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<b>NON – RESIDENT DECLARATION FOR TAX PURPOSES</b>			
<p>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 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.</p>			
Passport Number	Country of Issue	Issue Date	Nationality

<b>7</b>	<b>PAYMENT METHOD</b>
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<p>I / We confirm that the amount payable or any other sum allotted shall be paid at the <b>Central Bank of Malta</b> – to the credit of <b>Account No. 40001 EUR-CMG5-010-I - (IBAN: MT75MALT011000040001EURCMG5010I)</b> by not later than <b>10:00am of Wednesday 25<sup>th</sup> September, 2013.</b></p>
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<b>8</b>	<b>DECLARATIONS AND SIGNATURES</b>
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<p>I/We have fully understood the contents of this Application Form, and am/are making this Application solely on the basis of the relative Prospectus and subject to its terms and conditions which I / We fully accept.</p> <p>By completing and delivering an 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, 2001.</p>		
Signature of Applicant/s	Date	ID Card
Signature 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 FAX SHALL BE TRANSMITTED ON FAX NUMBER 2596-7210**

APPLICATIONS BY E-MAIL ARE TO BE ADDRESSED TO [jeanette.a.vella@gov.mt](mailto:jeanette.a.vella@gov.mt) AND COPIED TO [joseph.l.farrugia@gov.mt](mailto:joseph.l.farrugia@gov.mt); [joseph.p.micallef@gov.mt](mailto:joseph.p.micallef@gov.mt)

<b>ADDITIONAL INFORMATION TO SECTION 2.1 (MSE-CBF ACCESS LINK)</b>
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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*

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| (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   |