



Our Ref: TR 1097/87/2635

Telephone: 25967141/180/140
Fax: 25967210

Your Ref:

e-mail: roberta.a.borg@gov.mt
cc: sharon.pollacco@gov.mt;
leia.bonnici.1@gov.mt

TENDER FOR TREASURY BILLS

To the Accountant General

Date: **23 June 2026**

In accordance with the terms of Government Notice No **775** dated **19 May 2026** 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 **24 December 2026** 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: MT75MALT011000040001EURCMGS1507) (SWIFT BIC: MALTMTMT) held at Central Bank of Malta before 10.00 a.m. (CET) of **25 June 2026**.

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**

BIC

IBAN

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.

Signature

ID Card No.

Date