



Our Ref: TR1097/87/2640

Your Ref:

Telephone: 25967141/180/140

Fax: 25967210

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: **14 July 2026**

In accordance with the terms of Government Notice No **914** dated **19 June 2026** inviting tenders for **ninety-one days** Malta Government Treasury Bills, I/we the undersigned hereby offer to purchase € _____ Treasury Bills due for repayment on **15 October 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 **16 July 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