**IT-TEŻOR**
**FLORIANA**
**MALTA**

Our Ref: **TR1097/87/2658**

Your Ref:

**THE TREASURY**
**FLORIANA**
**MALTA**

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: **15 September 2026**

In accordance with the terms of Government Notice No **2067** dated **21 August 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 **17 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 **17 September 2026.**

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

**Name** .....

**Address** .....

.....

**Contact person (if applicable)** .....

**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**