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| **62+ MALTA GOVERNMENT SAVINGS BOND – Issue 2020****R****3% - Five-Year term maturing in 2025****Application Form A** |
|  |  |  |
| **APPLICATION FORM** |
| ***Please use block capitals throughout this form*** |

|  |  |
| --- | --- |
| **APPLICATION NUMBER** |  |

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TreasuryFloriana

**IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE PROSPECTUS REGULATING THE 62+ MALTA GOVERNMENT SAVINGS BOND – Issue 2020:**

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| **1** | **I APPLY TO PURCHASE AND ACQUIRE THE AMOUNT OF:**  |
|  |  |  |  |
|  | **EUR** |  |  | ID Card No. |
|  | Minimum €500 up to a maximum of €10,000 per eligible individual in multiples of €100 |  | Date of Birth |
|  |  |  |  |
| **2** | **DETAILS OF APPLICANT (Name, Surname, Address and MSE Account No.)** |
|  |  |  |
|  | Name: | Mr/Mrs/Ms/Other |
|  | Address: |  |
|  |  | Post Code |
|  |  |  |
|  | **(\*) MSE** **Account No. belonging to the SOLE applicant only**  | Landline Telephone No./Mobile No.  |
|  |  |  |
|  | (\*) The **MSE Account Number** quoted on the Application Form should be the same **MSE Account number** currently held in the **SOLE** name of the applicant as recorded at the **Malta Stock Exchange**. The submission of MSE account number should be checked for accuracy. If a joint MSE account number is submitted it may cause the rejection of the application. |
|  |  |  |
| **3** | **STATISTICAL CLASSIFICATION** |  |
|  |  |
|  | This section is used solely for the statistical classification of applicants: mark “X” as applicable |
|  | 1. If the applicant has been residing, is residing or intends to reside in Malta for one year, mark “X” in **Section A.**
 |
|  |  2. If the eligible applicant resides in another EU Country, mark “X” in the box of **Section B**.  |
|  |  |  |
|  | **Section A:**  |  | **Section B:** |
|  |  |  |  | **Non-Resident Individual**  |  |  |
| **Resident Individual** |  |  🞎 |  | Other European Union country | 🞎 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |

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| --- | --- |
| **4** | **INTEREST AND PRINCIPAL REPAPYMENT MANDATE BY SEPA CREDIT TRANSFER** |
|  |  |
|  | **Bank/Branch** | **IBAN** (International Bank Account Number)  |

|  |  |
| --- | --- |
| **5** | **WITHHOLDING TAX ON INTEREST APPLICABLE ONLY TO RESIDENTS IN MALTA**  |
|  |  |
|  | 🞎 | I elect to have Final Withholding Tax currently at 15% deducted from my interest.  |
|  |  |  |
|  | 🞎 | I elect to receive interest Gross (i.e. without deduction of Withholding Tax). I hereby authorise you to inform the Commissioner for Revenue of the amount of interest paid to me during each calendar year. |
|  | Resident Applicants for tax purposes may elect to have the final withholding tax, currently at the rate of 15%, deducted from the interest payments in which case, such interest need not be declared in the Applicant’s income tax return. The Applicant may elect to receive the interest gross (i.e. without deduction of the final withholding tax), but s/he will be obliged to declare the interest so received in the tax return. |
|  |  |  |
| **6** | **GROSS INTEREST RECEIVABLE BY ELIGIBLE NON- RESIDENT APPLICANT**  |
|  |  |  |
|  | **DECLARATION FOR TAX PURPOSES** |
|  | Tax Identification No | Residence Country (for Tax purposes) |
|  | Country of Birth | Place/Town of Birth |
|  | Passport/ID Card No. | Country of Issue | Issue Date |
|  | *Non-Resident Eligible Individuals must fill in all information requested in Section 6.*  |
|  |  |
|  | I am **not** subject to Maltese income tax as I am **not** a Maltese resident for the purpose of the Income Tax Act Chapter 123 of the Laws of Malta. If at any time my residence status shall change, it shall be my sole and exclusive responsibility to inform you of such change forthwith. I further declare that I am aware that a false declaration of residence is punishable by law. |
|  |  |  |
|  |  |
| **7** | **DECLARATIONS, SIGNATURE and SUPPORTING DOCUMENTS** |
|  |  |
|  | I have fully understood the contents of this application form, and I am making this Application solely on the basis of the relevant Prospectus and subject to its terms and conditions which I fully accept.By completing and delivering an application form, I, as the Applicant, acknowledge that the Issuer may process the personal data that I provide in the Application Form in accordance with the Data Protection Act (Cap. 586 of the Laws of Malta) and EU legislation on Data Protection – GDPR (Regulation (EU) 2016/679) in force at the time of data processing.  |
|  |  |
|  | I hereby undertake to pay €100 for every € 100 invested in the 62+ Malta Government Savings Bond – Issue 2020 and to accept the same, or lesser amount that may be allotted to me.  |
|  |  |
|  | Signature of Applicant | Date |
|  | Image result for PAPER CLIP SYMBOL* + **A copy of the identity (ID) card of the applicant is to be attached with this application form in all cases.**
	+ **In the case that the application form is signed by a person authorised by valid Power of Attorney, a certified copy in ink of the Power of Attorney is to be attached with this application form.**
	+ **In the case that the 62+ Malta Government Savings Bond – Issue 2020 is being purchased by a curator on behalf of an eligible investor, a copy of the court order is to be attached with this application form.**
 |
|  | **It is the responsibility of the applicant to ensure that the information entered on the application form is correct.** |
|  |  |