



OMT \_\_\_\_\_ / \_\_\_\_\_

**AMALGAMATION OF ACCOUNTS FORM**

**MALTA STOCK EXCHANGE plc**

Date: \_\_\_\_\_

Garrison Chapel, Castille Place,  
Valletta VLT 1063,  
Malta

Tel: +356 2124 4051  
Fax: +356 2569 6316  
E-mail: borza@borzamalta.com.mt  
Website: www.borzamalta.com.mt

Dear Sir/Madam,

Company Registration No: C 42525

Please accept this letter as my authority to amalgamate MSE account number/s  
\_\_\_\_\_ held in name/s of  
\_\_\_\_\_.

I would like to retain MSE account number \_\_\_\_\_.

With respect to any interest/dividend payments, please pay into my IBAN \_\_\_\_\_  
held with \_\_\_\_\_ (name of Bank).

As for withholding tax purposes please pay any interests \_\_\_\_\_ **Gross** / \_\_\_\_\_ **Net** of Withholding Tax.

Thanking you in anticipation.

Yours faithfully

\_\_\_\_\_  
ID Card N°: \_\_\_\_\_

\_\_\_\_\_  
ID Card N°: \_\_\_\_\_

.....  
**Witness\* to Identity & Signature/s of appearer/s hereon:** \_\_\_\_\_ (Signature of witness)

**Full name of witness in BLOCKS** \_\_\_\_\_

**Witness Address:** \_\_\_\_\_

\_\_\_\_\_ **ID card N°:** \_\_\_\_\_

**Rubber-stamp of witness:**

*\*NB: Witness must be a professional<sup>1</sup> or a manager/director at an MFSA/ or (other reputable jurisdiction regulatory authority) licensed entity.*

<sup>1</sup> "Professional" means member of the legal/notarial or accountancy profession holding a valid warrant. Professionals from outside Malta need to have their signature apostilled.