



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

**TRANSFER OF SECURITIES FORM**

**MALTA STOCK EXCHANGE plc**

Garrison Chapel, Castille Place,  
Valletta VLT 1063,  
Malta

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

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 our authority to transfer: \_\_\_\_\_

From MSE account number \_\_\_\_\_ in name/s of \_\_\_\_\_, to a **new / existing MSE account number** \_\_\_\_\_ in name/s of \_\_\_\_\_.

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

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

We confirm that the Community of Acquests between the spouses is still in force as at today. We are also enclosing a **certified** true copy of our marriage certificate.

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.*