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| MSE Number: | | | | | | | | | | | | Date: | | | | |
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| Primary Holder | | | | | | | | | | | | Joint Holder | | | | |
| Full Name: | Full Name: | | | | | | | | | | | Full Name: | | | | |
| National ID: | | | | | | | | | | | | National ID: | | | | |
| Tel/Mobile Numb | Tel/Mobile Number: | | | | | | | | | | | Tel/Mobile Number: | | | | |
| | | | | | | | | | | | | unt, please apply tax election on securities as follows: | | | | |
| (This ONLY ap | - | _ | | | | nt si | tocl | ks | & | cor | ро | rate bonds) | | | | |
| 1) All C | | | | | | | | | | | | | | | | |
| 2) The Following Named Securities: | | | | | | | | | | | | | | / | | |
| | | | | | | | | | _ | | | Security Name | Gross | / Net* | | |
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| *Gross profit: n | o tax d | leduc | ted. | . Ne | et P | rofi | i t: ir | าсไม | ude | es 1! | 5% | (Request additional forms if required) deduction | | | | |
| | | | | | | | | | | | ior | er of Inland Revenue of the amount of gross interest paid t | o me du | ring | | |
| each year, on | | | | | | | | | | | | dian is required to sign) | | | | |
| r lease sign in | Please sign here: (In case of minor, a parent or legal gua Primary Holder | | | | | | | | | | uui | Joint Holder | | | | |
| Signature: | | | | | | | | | | | | Signature: | | | | |
| Witness to Ide | entity | v: ** | | | | | | | | | | | | | | |
| | | | | <s:< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></s:<> | | | | | | | | | | | | |
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| National ID: _ | | | | | | | | | _ | | | Signature: | | | | |
| | | | | | | | | | | | | Rubber-stamp of witness: (If Applicable) | | | | |
| Profession: | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | eputable jurisdiction regulatory authority) licensed entity or a Professional, w. Professionals from outside Malta need to have their signature apostilled | | member | | |
| | | | | | | | | | | | | - | | | | |
| For MSE Use O | nly: | | | | | | | | | | | | | | | |