MALTA STOCK EXCHANGE

COPD Ref: _____/___

# *Change of Personal Details Form*

MSE Number: | | | | | | | | | | |  Date: _____

**I would like to inform the Malta Stock Exchange plc of the changes in my personal details as follows:**

Name: _____ Surname: _____

ID Card Number: _____

Address Door No. & Street: _____

Address City & Postcode: _____

Country: _____

Email: _____ Tel/Mobile No. _____

**Please Sign Here: ***

| | **Primary Holder** | **Joint Holder** |
|---|---|---|
| Signature: | _____ | _____ |
| Full Name: | _____ | _____ |

***In case of minor, a parent or legal guardian is required to sign.***

**Witness to Identity:***

Full name of witness in BLOCKS: _____

ID Card Number: _____ Signature: _____

**Rubber-stamp of witness:** *(If Applicable)*

Profession: _____

Warrant no: _____

***(*) Witness must be a professional or an officer/director at an MFSA (or other reputable jurisdiction regulatory authority) licensed entity. Professional means a member of the legal/notarial or accountancy professions holding a valid warrant. Professionals from outside Malta need to have their signature apostilled.***

Process Date: _____ Processed By: _____ Verified By: _____

**For MSE Use**
CSD011/2026/01

**The Malta Stock Exchange Data Protection Policy Declaration is available at www.borzamalta.com.mt**

**Original Form is the be sent to the Malta Stock Exchange plc - Garrison Chapel, Castille Place, Valletta, VLT 1063**