MALTA STOCK EXCHANGE

OMT Ref: _____/___

Amalgamation of Accounts

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

MSE account number/s to amalgamate:

_____, _____, _____,

held in the name/s of _____.

I would like to retain the MSE account number _____.

Any interest/dividend payments, are to be paid into the account with IBAN:

held with _____ (name of Bank), opened in the name of

_____.

Final Withholding Tax elections on any interest: ☐ Gross / ☐ Net.

Please Sign Here: *

	Primary Holder	**Secondary 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
CSD014/2026/01

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