MALTA STOCK EXCHANGE

MR Ref: _____/___

Minor Release Form

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

I confirm that I have reached the age of maturity, as supported by the enclosed authenticated copy of my:

☐ ID Card / ☐ Public Registry Birth Certificate.

Please release the MSE account number _____ in my name.

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

held with _____ (name of Bank).

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

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
CSD016/2026/01

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