



MR _____ / _____

MINOR RELEASE 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

MSE A/c No: _____

Company Registration No: C 42525

I _____ holder of Identity Card
Number _____ do hereby declare that I have become of age (as
per enclosed authenticated copy of Identity Card/Public Registry Birth
Certificate). Kindly release MSE A/c Number _____ in my name.

Any interest/dividend payments please pay by cheque (where applicable) / into
my IBAN _____ held with
_____ (Bank's name).

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

Yours faithfully

ID card N°: _____

.....
(Signature of
Witness* to Identity & Signature/s of appearer/s hereon: _____ witness)

Full name of witness in BLOCKS: _____

Witness Address: _____

_____ ID card N°: _____

Rubber-stamp of witness:

**NB: Witness must be a professional¹ or a manager/ director at an MFSA/ or (other reputable jurisdiction regulatory authority) licensed entity.*

¹ *"Professional" means member of the legal/notarial or accountancy profession holding a valid warrant. Professionals from outside Malta need to have their signature apostilled.*