

ACT OF INDEMNITY

I/We*, the undersigned _____

_____, son/daughter* of _____

and of _____ nee` _____, residing at _____

_____, with the official Identity Card /

Driving Licence / Passport* Number _____

_____, do hereby bind myself/ourselves* with all my/our* property, present and

future, to indemnify and make good for any liability in respect of any obligation or legal action,

including costs, fees and other expenses connected therewith or incidental thereto, which the

Malta Stock Exchange, its officers, representatives, advisers or consultants (hereinafter

collectively referred to as the "Malta Stock Exchange"), as well as (*insert here the name of the*

issuer/s of the securities being transferred 'causa mortis') _____

_____, hereinafter referred to as the "Issuer/s",

may be or become responsible for or answerable to, in connection with the transfer '*causa*

mortis' of the (*insert here the full name of the securities being transferred 'causa mortis' as*

appearing in the relevant Malta Stock Exchange Statement of Holdings)

_____ belonging to the estate of the

late (*insert here the name of deceased*) _____.

...../ The indemnity

Notes:- *Fill in this form legibly in the space provided and/or annex duly signed and marked additional sheet/s containing the information requested.* 1

** Delete as appropriate*

The indemnity given on this present act in favour of the Malta Stock Exchange and the Issuer/s shall be in addition to and in no way prejudice, alter or affect any other remedies at law which the Exchange and the Issuer/s may have against me/us* in the event of any liability as aforesaid.

In witness whereof, I/we have hereunder set my/our hand at _____
_____, this _____ () day of _____,
of the year two thousand and _____ (200).

Signed, _____
(space for signature/s and full name in block letters)

Witness to signature and identity of the above-mentioned (*insert full name of heirs/survivors executing this Act of Indemnity*) _____

who has/have appeared on and signed this Act of Indemnity in my presence, '*quod attestor*',

Dr./Notary

(Space for signature, full name in block letters and rubber-stamp

of a duly qualified lawyer/notary public)

Notes:- *Fill in this form legibly in the space provided and/or annex duly signed and marked additional sheet/s containing the information requested.* 2

** Delete as appropriate*