



TAX \_\_\_\_\_ / \_\_\_\_\_

**MALTA STOCK EXCHANGE plc**

Garrison Chapel, Castille Place,  
Valletta VLT 1063,  
Malta

Tel: +356 2124 4051  
Fax: +356 2569 6316  
E-mail: borza@borzamalta.com.mt  
Website: www.borzamalta.com.mt

**NET TAX FORM**

Date: \_\_\_\_\_

Company Registration No: C 42525

Dear Sir/ Madam

MSE A/c No: \_\_\_\_\_

With reference to the above-mentioned account, please note that I would like to revoke my previous instructions and have tax deducted at source on the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your kind attention to the matter.

Yours faithfully

\_\_\_\_\_

\_\_\_\_\_

Id Card No: \_\_\_\_\_

Id Card No: \_\_\_\_\_

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

**Full name of witness in BLOCKS:** \_\_\_\_\_

**Witness Address:** \_\_\_\_\_

**ID card N°:** \_\_\_\_\_

**Rubber-stamp of witness:**

*\*NB: Witness must be a professional<sup>1</sup> or a manager/ director at an MFSA/ or (other reputable jurisdiction regulatory authority) licensed entity.*

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