



COPD _____ / _____

MALTA STOCK EXCHANGE plc

CHANGE OF PERSONAL DETAILS FORM

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

Company Registration No: C42525

I would like to inform the Malta Stock Exchange plc of the changes in my personal details as follows (Please complete in BLOCK LETTERS):

MSE account Number: _____

Old Details-

Name: _____ ID card N°: _____

Address: _____

Email: _____ Mobile N°: _____

New Details -

Name: _____ ID card N°: _____

Address: _____

Email: _____ Mobile N°: _____

Please sign here:

1. _____ 2. _____ 3. _____

In case of minor, parents or legal guardian is required to sign

.....
(Signature of witness)

Witness* to Identity & Signature/s of appearer/s hereon: _____

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 a member of the professions holding a valid warrant to practise a profession according to law. Professionals from outside Malta need to have their signature apostilled.