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REQUEST FOR DIRECT CREDIT

DATE:

I, the undersigned would like to have my dividends credited directly into my bank account.

Name: _____

Surname: _____

MSE No.: _____

ID No.: _____

Bank: _____

Branch: _____

Account No.: _____

IBAN No.: _____

Mobile / Tel no.: _____

Signature

Name & Surname

Signature

Name & Surname

(to include both names & signatures in case of Joint accounts)

Signature of witness*

Rubber Stamp and ID Card of Witness

Address of witness

* Witness must be a professional¹ or a manager/director at an MFSA / or (other reputable jurisdiction regulatory authority) licensed entity. **Data Protection Declaration: A MSE plc Data Protection Policy Declaration is available at www.borzamalta.com.mt.**

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