



MEMBERSHIP APPLICATION FORM

(Please write in block letters)

I, the undersigned, would like to enroll as a member of
The Malta Association of Minority Shareholders & Retail Investors

NAME AND SURNAME:	
ID NUMBER:	
POSTAL ADDRESS:	
E-MAIL ADDRESS:	
PHONE NUMBER:	
ID NUMBER:	
NEWSLETTER SEND BY:	POST MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/>

GDPR Consent Statement

To comply with GDPR requirements, MASS must ensure that any personal data we store and process is handled securely and only with your permission.

By giving your consent, you allow us to contact you with relevant information, updates, and news relating to the financial markets by post and/or email.

Please indicate your consent:

☐ I agree to allow MASS to store and process my personal data for the purpose of receiving information, updates, and news related to the financial markets via post and/or email.

You may withdraw your consent at any time by contacting us by get in touch with us on:

Mob/ WhatsApp: 99494878 / E: info@mass.org.mt / FB Messenger - <https://www.facebook.com/MaltaAssociationSmallShareholders/>

Address: Malta Association of Minority Shareholders & Retail Investors (aka MASS)
C/o Malta Stock Exchange (MSE)
Garrison Chapel, Castille Place,
Valletta VLT 1063

e-Banking details for Membership payments:

Beneficiary: **Malta Association of Minority Shareholders and Retail Investors**

Savings account number: **BOV 40022259022**

Bank's BIC: **VALLMTMT**

IBAN: **MT79VALL22013000000040022259022**

Membership Fee for 2 years: €10

Membership Fee for 5 years: €20

If you like to assist to the Committee of MASS in any of the areas indicated below, please mark as applicable:

Newsletter ☐ Administrative help ☐ Website ☐

I, the undersigned, hereby declare that I shall abide by the present statute of Malta Association of Small Shareholders (MASS), any subsequent amendments.

Applicant Full Name: _____

Applicant signature: _____

Date : _____