

**Sales Department,**  
305, Triq Hal Qormi,  
Marsa. MTP 1001  
Tel. No: (356) 2596 1610



**FORM of INDEMNITY**  
**PO BOX APPLICATION (not in the name of the individual)**

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

I, Mr. / Mrs. / Ms. \_\_\_\_\_, holder of Identity  
Card No: \_\_\_\_\_, declare that PO Box \_\_\_\_\_,  
under the title \_\_\_\_\_, which is situated at  
the \_\_\_\_\_ Post Office and registered in my name, is not of the same  
name as that of a registered entity or association.

I hereby undertake to hold you harmless, and indemnify you against any claims  
and/or pretensions, including but not limited to claims in respect of infringement of  
third party Intellectual Property Rights that may be brought against you at any time  
by any third party.

Please find enclosed a certified copy of my Identity Card (Front & Back).

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Signature of Applicant

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Name in Block Letters

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**For Office Use:**

Signature and Identity of applicant  
confirmed by:

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Name in Block Letters

Signature and Personalised Rubber Stamp