



Gibraltar Savings Bank

Instructions On Maturing Debentures

1 Year Fixed Term Monthly Income Registered Debentures 1st August 2024



Debenture Reference No.(s) _____ Total Value : £ _____

1. Account Type

(Please tick appropriate box)

Individual

OR

Joint

If 'Joint' is ticked please select a box below

And

* And / Or

2. Details of Applicant(s)

A.1 Forename(s) Surname(s) Date of Birth DD MM YYYY

A.2 Forename(s) Surname(s) Date of Birth DD MM YYYY

A.3 Forename(s) Surname(s) Date of Birth DD MM YYYY

A.4 Forename(s) Surname(s) Date of Birth DD MM YYYY

If applicable only

This section is ONLY to be completed for investments held on behalf of a minor

M.1 Minor's Forename(s) Minor's Surname(s) Date of Birth DD MM YYYY

Relationship to Applicant **

M.2 Minor's Forename(s) Minor's Surname(s) Date of Birth DD MM YYYY

Relationship to Applicant **

3. Primary Contact Details

Please note that these details will be the point of contact for this Investment Account.

Correspondence Address:

Email:

Contact No.:

*We understand and accept that the GIBRALTAR SAVINGS BANK (GSB) will consider itself discharged of its liabilities if any monies are paid to any one of the account holders.

**Parent / Legal Guardian will also be required to sign the form if not applicants (see overleaf)

4. Reinvestment Details

Section (A) - Minimum investment £1,000

Investment	Interest Rate	Amount
<input type="checkbox"/> 1-Year Economic Development Fixed Term Registered Debentures June 2025	6%	
<input type="checkbox"/> 3-Year Economic Development Fixed Term Registered Debentures June 2027	5.5%	
<input type="checkbox"/> 5-Year Economic Development Fixed Term Registered Debentures June 2029	5%	
Total Value £		

Maturity Instructions - Ordinary Deposit Account Details

Account No.

Account Name

Please tick the appropriate box:

Existing Account

New Account

Declarations

I/We hereby confirm that I/we understand that no withdrawals are permitted on this debenture.

Please initial here **X** _____

5. Interest Payment Instructions

Bank

Sortcode

Account No.

Reference (If applicable)

Account Name

Please tick the appropriate box:

Existing Payment Instruction

New Payment Instruction
(Proof is required, e.g. Bank Statements)

6. Signatures

I/We accept the terms and conditions of investment as specified in the Prospectus and General Conditions and hereby apply to open the following Gibraltar Savings Bank Debenture Account:

Applicant 1 Signature

Applicant 2 Signature

Date:

Date:

Applicant 3 Signature

Applicant 4 Signature

Date:

Date:

7. Data Protection – How we use your Information

We treat all the information you give us about you and others as private and confidential. We respect your right to privacy and understand the importance of protecting the personal information that we hold. See our privacy notice for full details – available at www.gsb.gov.gi or by calling us.

For GSB Use Only

Pensioner Verified:

Processed by:

Verified by:

***The interpretation of a pensioner for this purpose means a resident individual aged 60 years or over, or who has retired and is in receipt of a pension or has received a lump sum payment in lieu of a pension.