



Gibraltar Savings Bank

Instructions On Maturing Debentures

1 Year Fixed Term Monthly Income Registered Debentures 1st December 2023



SCAN ME

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

1. Details of the Organisation

Name:

Registered Address:

Email:

Contact No. :

Name of Investment:

2. Primary Contact Details

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

Correspondence Address:

Email: Contact No.:

3. Details of the authorised signatories

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

Position in Organisation Telephone: Email:

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

Position in Organisation Telephone: Email:

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

Position in Organisation Telephone: Email:

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

Position in Organisation Telephone: Email:

Please specify the number of signatures required to authorise any transaction. A minimum of two signatures are required. *

Please tick box if another form is required ☐

*We understand and accept that the GIBRALTAR SAVINGS BANK will consider itself discharged of its liabilities if any monies payable hereunder are paid as specified above.

4. Reinvestment Details

Minimum investment £1,000

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

Maturity Instructions - Ordinary Deposit Account Details

Account No.	Account Name
<input type="text"/>	<input type="text"/>

Please tick the appropriate box: Existing Account ☐ New Account ☐

Interest Payment Instructions

Bank	Sortcode	Account No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference (If applicable)	Account Name	
<input type="text"/>	<input type="text"/>	

Please tick the appropriate box: Existing Payment Instruction ☐ New Payment Instruction (Proof is required, e.g. Bank Statements) ☐

Declarations

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

Please initial here **X** _____

5. 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:

Signatory 1 Signature	<input type="text"/>	Signatory 2 Signature	<input type="text"/>
Date:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Date:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY
Signatory 3 Signature	<input type="text"/>	Signatory 4 Signature	<input type="text"/>
Date:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Date:	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY

6. 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

Processed by:	Verified by:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY