



Debenture Reference No.(s)	Total	Total Value : £			
1. Account Type					
(Please tick appropriate box)	Joint				
Individual		ease select a box below			
	And	* And / Or			
2. Details of Applicant(s)	i				
A.1 Forename(s)	Surname(s)	Date of Birth			
(X.1 Forename(s)	Garmanic(s)	DD MM YYYY			
A 2 Farmer (a)	S	Data of Divide			
A.2 Forename(s)	Surname(s)	Date of Birth DD MM YYYYY			
A 2 F					
A.3 Forename(s)	Surname(s)	Date of Birth DD MM YYYYY			
A 4 E					
A.4 Forename(s)	Surname(s)	Date of Birth DD MM YYYY			
	If applicable only	VIIII IIII			
This section is ONLY to be complete	ed for investments held on behalf of a minor				
_		D (CP: 4			
M.1 Minor's Forename(s)	Minor's Surname(s)	Date of Birth			
Relationship to Applicant **					
M.2 Minor's Forename(s)	Minor's Surname(s)	Date of Birth			
vii.2 iviiioi s i orename(s)	Willion's our name (s)	DD MM YYYY			
Relationship to Applicant **					
3. Primary Contact Details					
Please note that these details will be	the point of contact for this Investment Accoun	t.			
Correspondence Address:	•				
Correspondence Address.					
Email:	Contact No.:				
	Sometion.				

^{*}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

Maturity Instructions - Ordinary Deposit Account Details

Investment	Interest Rate	Amount
1-Year Economic Development Fixed Term Registered Debentures	6%	
3-Year Economic Development Fixed Term Registered Debentures	5.5%	
5-Year Economic Development Fixed Term Registered Debentures	5%	
	Total Value £	

Account No.	Account Name		
	Please tick the appropria	te box: Existing Acco	ount New Account
Declarations			
I/We hereby confirm that I/	we understand that no with	ndrawals are permitted	on this debenture.
,		•	Please initial here X
5. Interest Payment Instruct	ions		
Bank		Sortcode	Account No.
Reference (If applicable) Ac	count Name		
(y spp. sec.)			
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 condiapply to open the following Gibi	-	-	and General Conditions and hereby
Applicant 1 Signature		Applicant 2 Signa	iture
Date:	DD MM YYYY	D	Pate: DD MM YYYY
Applicant 3 Signature		Applicant 4 Signa	iture
Date:	DD MM YYYY	D	Date: DD MM YYYY
7. Data Protection – How we	use your Information		
We treat all the information yo	u give us about you and of portance of protecting the	personal information	onfidential. We respect your right to that we hold. See our privacy notice
For GSB Use Only			
	Processed by:		Verified by:
Pensioner Verified:			
***The interpretation of a pensioner for this p	urpose means a resident individual age	ed 60 years or over, or who has 1	retired and is in receipt of a pension or has received a

lump sum payment in lieu of a pension.