



	Transaction Statement No.(s)	Total Value : £					
	1. Account Type						
	(Please tick appropriate box)			Joint			
	Individual	O'_R	2	·	ked please select	a box below	
				And		* And / Or	
		1					
	2. Details of Applicant(s)						
A.1	Forename(s)	Surname(s)				Date of Birth	
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 applica	ible only				
	This section is ONLY to be completed for inv	restments held o	on beha	lf of a mino	r		
M.1	Minor's Forename(s)	Minor's Surr	ame(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:		Contr	act No.:			
			Conta	ict No			
	4. Interest Payment Instructions						
	Bank	Sortco	ode	Account	t No.		
	Reference (If applicable) Account Nam	e					
	Please tick the appropriate box: Existing Pay	ment Instruction		Ν	Iew Payment In	struction	
	Existing Pay	meni misii uellorl		(.	Proof is required	l, e.g. Bank Statements)	

*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.

5. Reinvestment Details

Section (A) - Minimum investment £1,000

Investment		Amount
1-Year Economic Development Fixed Term Registered Debentures December 2025	6%	
3-Year Economic Development Fixed Term Registered Debentures December 2027	5.5%	
5-Year Economic Development Fixed Term Registered Debentures December 2029		

Declarations

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

Section (B) - Minimum investment £1,000

Investment	Interest Rate	Amount	
1-Year Fixed Term Monthly Income Registered Debentures	4.75%		
3-Year Fixed Term Monthly Income Registered Debentures	4.50%		
5-Year Fixed Term Monthly Income Registered Debentures	4.25%		

Please initial here **x**____

Please complete if you have selected a debenture in Section A and/or B:

Maturity Instructions - Ordinary Deposit Account Details

•	Drainary Deposit Account L	Jetalls					
Account No.	Account Name						
	Please tick the appropria	ite box:	Existing Account	New Account			
Section (C) - Minimum in	nvestment £100						
Investment			Interest Rate Per Annum				
10-Year Fixed Term Pensioner Monthly Income Debentures (conditions of eligibility apply, see below)***			Fixed @ 5%	,			
			Total Value	e £			
6. Redemption Details							
	I/we wish to redeem the above-mentioned Debenture Reference No.(s), and I/we understand that the capital will be deposited in the same bank/ordinary deposit account where the interest is credited.						
			Total Valu	e £			
7. Signatures				•			
<u>v</u>	onditions of investment as spec	ified in the F	Prospectus and Ge	eneral Conditions.			
Applicant 1 Signature	-	Applican	t 2 Signature				
Date:	DD MM YYYY		Date:	DD MM Y	YYY		
Applicant 3 Signature		Applican	tt 4 Signature				
Date:	DD MM YYYY		Date:	DD MM Y	YYY		
	wwe use your Information						
privacy and understand the	n you give us about you and of importance of protecting the www.gsb.gov.gi or by calling us.	personal inf					
	Processed by:		Ve	erified by:			
Pensioner Verified:				4			

***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.