



Gibraltar Savings Bank

Instructions On Maturing Debentures

5 Year Fixed Term Monthly Income Registered Debentures 1st January 2024



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 Fixed Term Monthly Income Registered Debentures | 4.75% | |
| <input type="checkbox"/> 3-Year Fixed Term Monthly Income Registered Debentures | 4.50% | |
| <input type="checkbox"/> 5-Year Fixed Term Monthly Income Registered Debentures | 4.25% | |
| | 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 acceptance of the rate of _____ for the duration of the term of the _____ Year Fixed Term Registered Debenture.

5. Interest Payment Instructions

Bank

Sortcode

Account No.

Reference (If applicable)

Account Name

Please tick the appropriate box:

Existing Payment Instruction

☐

New Payment Instruction

☐

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 Value £

7. 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

Signatory 2 Signature

Date:

Date:

Signatory 3 Signature

Signatory 4 Signature

Date:

Date:

8. 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: