



Gibraltar Savings Bank

Instructions On Maturing Debentures

3 Year Fixed Term Monthly Income Registered Debentures 1st July 2025



Transaction Statement No.(s) _____ Total Value : £ _____

1. Details of the Organisation

Name:	<input type="text"/>
Registered Address:	<input type="text"/>
Email:	<input type="text"/>
Contact No. :	<input type="text"/>
Name of Pension Scheme Member: (If applicable)	<input type="text"/>

2. Primary Contact Details

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

Correspondence Address:

<input type="text"/>	
Email:	Contact No.:
<input type="text"/>	<input type="text"/>

3. Details of the authorised signatories

A.1	Forename(s) <input type="text"/>	Surname(s) <input type="text"/>	Date of Birth <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY
	Position in Organisation <input type="text"/>	Telephone: <input type="text"/>	Email: <input type="text"/>
A.2	Forename(s) <input type="text"/>	Surname(s) <input type="text"/>	Date of Birth <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY
	Position in Organisation <input type="text"/>	Telephone: <input type="text"/>	Email: <input type="text"/>
A.3	Forename(s) <input type="text"/>	Surname(s) <input type="text"/>	Date of Birth <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY
	Position in Organisation <input type="text"/>	Telephone: <input type="text"/>	Email: <input type="text"/>
A.4	Forename(s) <input type="text"/>	Surname(s) <input type="text"/>	Date of Birth <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY
	Position in Organisation <input type="text"/>	Telephone: <input type="text"/>	Email: <input type="text"/>

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 ☐

4. Interest Payment Instructions

Bank <input type="text"/>	Sortcode <input type="text"/>	Account No. <input type="text"/>
Reference (If applicable) <input type="text"/>	Account Name <input type="text"/>	
Please tick the appropriate box:		
Existing Payment Instruction <input type="checkbox"/> New Payment Instruction <input type="checkbox"/>		

5. Reinvestment Details

Section (A) - Minimum investment £1,000

Investment	Int. Rate	Amount
<input type="checkbox"/> 1-Year Economic Development Fixed Term Registered Debentures June 2026	4%	
<input type="checkbox"/> 3-Year Economic Development Fixed Term Registered Debentures June 2028	5.25%	
<input type="checkbox"/> 5-Year Economic Development Fixed Term Registered Debentures June 2030	5%	

Declarations

☐ I/We hereby confirm that I/we understand that no withdrawals are permitted on this debenture.
Please initial here **X**_____

Section (B) - Minimum investment £1,000

Investment	Int. Rate	Amount
<input type="checkbox"/> 3-Year Fixed Term Monthly Income Registered Debentures	4%	

Maturity Instructions - Ordinary Deposit Account Details

Account No.	Account Name
<input type="text"/>	<input type="text"/>
Please tick the appropriate box: Existing Account <input type="checkbox"/> New Account <input type="checkbox"/>	

6. Redemption Details

<input type="checkbox"/> 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 £ <input type="text"/>

7. Signatures

I/We accept the terms and conditions of investment as specified in the Prospectus and General Conditions. I/We authorise our Ordinary Deposit Account to be debited with the investment value (if applicable).

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

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