



	Debenture Reference No.(s)	Total Value : £			
	1. Account Type				
	(Please tick appropriate box) Individual	Joint OR If Joint' is ticked please select And	t a box below * And / Or		
	2. Details of Applicant(s)	'			
A.1	Forename(s)	Surname(s)	Date of Birth DD MM YYYY		
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 YYYYY		
		If applicable only —			
	This section is ONLY to be completed for inv	estments held on behalf of a minor			
M.1	Minor's Forename(s)	Minor's Surname(s)	Date of Birth DD MM YYYYY		
	Relationship to Applicant **				
M.2	Minor's Forename(s)	Minor's Surname(s)	Date of Birth DD MM YYYYY		
	Relationship to Applicant **				
	3. Primary Contact Details				
Please note that these details will be the point of contact for this Investment Account. Correspondence Address:					

^{*}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

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%	
	Total Value £	

5-Year Fixed Term Monthly Income Registered Debentures	4.25%
	Total Value £
Maturity Instructions - Ordinary Deposit Account Details	s
Account No. Account Name	
Please tick the appropriate box:	Existing Account New Account
Section (B)	
Investment	Interest Rate Per Appum Amount
10-Year Fixed Term Pensioner Monthly Income Debentures	1 CI AIIIIIIII
(conditions of eligibility apply, see below) ***	Fixed @ 5%
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5. Interest Payment Instructions	1 (1)
Bank Sorte	code Account No.
Reference (If applicable) Account Name	
Account Name	
	New Payment Instruction
Please tick the appropriate box: Existing Payment Instruction	(Proof is required, e.g. Bank Statements)
6. Signatures	
/We accept the terms and conditions of investment as specified in	n the Prospectus and General Conditions and hereby
apply to open the following Gibraltar Savings Bank Debenture Acc	count:
Applicant 1 Signature App	plicant 2 Signature
Date: DD MM YYYY	Date: DD MM YYYY
Applicant 3 Signature App	blicant 4 Signature
Applicant 3 Signature App Date: DD MM YYYY	Date: DD MM YYYY
	Date: DD MM YYYYY

for full details – available at www.gsb.gov.gi or by calling us.

For GSB Use Only			
	Processed by:	Verified by:	
Pensioner Verified:			

^{***}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.