



Gibraltar Savings Bank

Instructions On Maturing Debentures

3 Year Fixed Term Monthly Income Registered Debentures 1st April 2023



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	3.75%	
<input type="checkbox"/> 3-Year Fixed Term Monthly Income Registered Debentures	4.00%	
<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

Interest Payment Instructions

Bank Sortcode Account No.

Reference (If applicable) Account Name

Please tick the appropriate box: Existing Payment Instruction New Payment Instruction (Proof is required, e.g. Bank Statements)

Declarations

I/We hereby confirm acceptance of the rate of _____ for the duration of the term of the _____ Year Fixed Term Registered Debenture.

5. 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 £

6. Signatures

Signatory 1 Signature **Signatory 2** Signature
Date: Date:

Signatory 3 Signature **Signatory 4** Signature
Date: Date:

7. 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

Holder No. Debenture Ref No.

Processed by: Verified by: Date: