

Gibraltar Savings Bank Registered Debentures Purchase Form - Individual(s)



All new applicants must complete a separate <u>Client Information Form</u>

	1. Details of Applicant(s)			
(1	Please tick the appropriate box)		Jointly	
	Individual (Held in one name only)	OR ·	Held in two or more ** 'And' basis	
	•	1	And basis	
1 I	Forename(s)	Surname(s)		Date of Birth
1	Address			
2 1	Foranama(s)	Surname(s)		Date of Birth
<i>L</i> I	Forename(s)	Surfiame(s)		Date of Birtii
1	Address			
7	This soction is ONIV to be com	If applicable only = pleted for investments held on behal		
	Minor's Forename(s)	Minor's Surname(s)		Date of Birth
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1	Address			
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I	Relationship to Applicant *			
]	Relationship to Applicant *	Please	e tick box if another form is	required to add more Account Holders
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2	2. Primary Contact Details			required to add more Account Holders
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2 H ()	2. Primary Contact Details Please note that these details will Correspondence Address: Email: 3. Maturity Instructions - O	ll be the point of contact for this Inve Conta rdinary Deposit Account Detail	estment Account. ct No.:	required to add more Account Holders New Account
2 H () H	2. Primary Contact Details Please note that these details will Correspondence Address: Email: 3. Maturity Instructions - O	Contary Deposit Account Detail Account Name Please tick the appropriate box:	estment Account. ct No.: S Existing Account	New Account
2 H ()	2. Primary Contact Details Please note that these details will Correspondence Address: Email: 3. Maturity Instructions - O Account Number	Contary Deposit Account Detail Account Name	estment Account. ct No.: S Existing Account	
2 H () H (2. Primary Contact Details Please note that these details will Correspondence Address: Email: 3. Maturity Instructions - O Account Number 4. Interest Payment Instruct Bank	Conta rdinary Deposit Account Detail Account Name Please tick the appropriate box:	estment Account. ct No.: S Existing Account	New Account
2 H () H (2. Primary Contact Details Please note that these details will Correspondence Address: Email: 3. Maturity Instructions - O Account Number 4. Interest Payment Instruct Bank	Contary Deposit Account Detail Account Name Please tick the appropriate box:	estment Account. ct No.: S Existing Account	New Account
2 H () H (2. Primary Contact Details Please note that these details will Correspondence Address: Email: 3. Maturity Instructions - O Account Number 4. Interest Payment Instruct Bank	Conta rdinary Deposit Account Detail Account Name Please tick the appropriate box:	estment Account. ct No.: S Existing Account Code	New Account

^{**}Where debentures are held jointly in an 'and' basis all debenture holders will be required to sign for all transactions in relation to the debentures.

^{***}The GIBRALTAR SAVINGS BANK (GSB) will consider itself discharged of its liabilities if any monies are paid to any one of the account holders, where debentures are held jointly in an 'and/or' basis (only one signature is required).

5. Investment Options

Investment	Rate	Amount
3-Year Fixed Term Monthly Income Registered Debentures	4%	
Total Value £		

		Total Value £	
6. Method of Payment			
Cheque No. £	Sort Code	Account Number	Account Name
Bank Transfer £	Sort Code	Account Number	Account Name
Debit Card Last 4 digits £	Sort Code	Account Number	Account Name
Ordinary Deposit £		Account Number	Account Name
£ Total Investment			
	se specify)		
Please note that you may be asked to supply documentary evidence to verify the source of funds. Such evidence will be required, in any case, where the investment, or series of investments, is greater than £10,000. (e.g. Personal Savings, Property Sales, Gratuity, etc) 8. Client Consent (If applicable)			
I/we hereby confirm that the GSB has informed us that we may provide redacted bank statements. I/we however confirm that I/we have willingly provided the Gibraltar Savings Bank with full unredacted bank statements. Please initial here X			
9. Declarations and Signature	es		
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).			
Signature		Signature	
Date:		Date:	
Parent or Legal Guardian Signature (if not the Applicant)			
Signature		Name:	

10. 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	Of	fice	Use	Onl	v

Applicant 1	Applicant 2	Date of Purchase:
Pensioner Status Verified:	Pensioner Status Verified:	DD MM YYYY
Processed by:	Verified by:	Receipt / JV No.