



Gibraltar Savings Bank

Registered Debentures Purchase Form - Individual(s)

All new applicants must complete a separate [Client Information Form](#)



1. Details of Applicant(s)

(Please tick the appropriate box)

Individual

(Held in one name only)

OR

Jointly

Held in two or more names in an:

** 'And' basis

*** 'And / Or' basis

A.1 Forename(s)

Surname(s)

Date of Birth

Address

A.2 Forename(s)

Surname(s)

Date of Birth

Address

If applicable only

This section is ONLY to be completed for investments held on behalf of a minor

M.1 Minor's Forename(s)

Minor's Surname(s)

Date of Birth

Address

Relationship to Applicant *

Please tick box if another form is required to add more Account Holders

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. Maturity Instructions - Ordinary Deposit Account Details

Account Number

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Account Name

Please tick the appropriate box:

☐ Existing Account

☐ New Account

4. Interest Payment Instructions

Bank

Sort Code

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Account Number

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Reference (If applicable)

Account Name

Please tick the appropriate box:

☐ Existing Payment Instruction

☐ New Payment Instruction
(Proof is required, e.g. Bank Statements)

*Parent / Legal Guardian will also be required to sign the form if not applicants (see overleaf)

**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

Minimum investment £1,000

Investment	Rate	Amount
3-Year Fixed Term Monthly Income Registered Debentures	3.75%	
Total Value £		

6. Method of Payment

Cheque £	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				

7. Source of Investment (Please 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, Gratuities, 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 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).

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 Office Use Only

Applicant 1

Pensioner Status Verified: ☐

Processed by:

Applicant 2

Pensioner Status Verified: ☐

Verified by:

Date of Purchase:

 DD MM YYYY

Receipt / JV No.