



Gibraltar Savings Bank

Children's Bond Deposit Slip

Deposit Information

Date

DD

MM

YYYY

Credit the account of:

Date of Birth

DD

MM

YYYY

Child's Account Number

Paid in by:

Name of Registered Depositor in block

Amount

£

(Multiples of £10)

Telephone No:

Email:

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.

Depositor Consent *(If applicable)*

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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 _____

Signature

Parent's / Legal Guardian's or Depositor

Signature

This deposit slip may be utilized once the Children's Bond Account is opened until the child has reached the age of 10. Depositors making an initial deposit for the child will require the parent's or legal guardian's consent (Please request an initial application form).

I/we accept the terms & 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).

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.