



Gibraltar Savings Bank

Children's Bond Account Application Form - 5% p.a

I/We accept the terms and conditions of investment as specified in the Prospectus and General Conditions and hereby apply to open the following Gibraltar Savings Bank Bond Account:

1. Details of the Child

THE CHILD MUST BE BORN IN GIBRALTAR AND MUST BE UNDER THE AGE OF 10

Forename(s)	Surname(s)		
<input type="text"/>	<input type="text"/>		
ID or Passport Number	Date of Birth	Date of 18th Birthday	
<input type="text"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	
Address:			
<input type="text"/>			

2. Details of the Parent(s)/Legal Guardian

Do you at present own any other Registered Debenture/Bonds? Yes / No If yes, enter Account No(s).

1. Forename(s) Surname(s) Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	
ID or Passport Number	Employer/Occupation:	Email:	Telephone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:			
<input type="text"/>			

2. Forename(s) Surname(s) Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	
ID or Passport Number	Employer/Occupation:	Email:	Telephone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:			
<input type="text"/>			

3. Details of the Depositor(s) - If not the Parent or Legal Guardian

Do you at present own any other Registered Debenture/Bonds? Yes / No If yes, enter Account No(s).

1. Forename(s) Surname(s) Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	
ID or Passport Number	Relationship to the Child:	Email:	Telephone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:			
<input type="text"/>			

2. Forename(s) Surname(s) Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	
ID or Passport Number	Relationship to the Child:	Email:	Telephone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:			
<input type="text"/>			

4. Deposit Details

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				

5. 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.

6. Depositor 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

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.gibraltar.gov.gi under Treasury Department, Gibraltar Savings Bank or by calling us.

8. Signatures

Parent's or Legal Guardian's 1	Parent's or Legal Guardian's 2
Signature <input type="text"/>	Signature <input type="text"/>
Depositor 1 (if not the Parent's or Legal Guardian's)	Depositor 2 (if not the Parent's or Legal Guardian's)
Signature <input type="text"/>	Signature <input type="text"/>

All applicants must sign

For GSB Use Only

Client No.	Receipt / JV No.	Date of Purchase:
<input type="text"/>	<input type="text"/>	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY
Processed by:	Verified by:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY