



Gibraltar Savings Bank



Economic Development Registered Debentures Application Form - Organisations
We accept the terms and conditions of investment as specified in the Prospectus and General Conditions and hereby apply to purchase the following Gibraltar Savings Bank Registered Debentures/Bonds:

1. Details of the Organisation

Organisation Name: _____ Nature of Business: _____

Address: _____

Email: _____ Telephone: _____

Should the organisation own any Registered Debenture/Bonds please enter Account No. _____

2. Details of the authorised signatories

A.1 Forename(s) _____ Surname(s) _____ Date of Birth _____ Status/Rank _____ Telephone: _____

ID or Passport Number _____ Address: _____ Email: _____

A.2 Forename(s) _____ Surname(s) _____ Date of Birth _____ Status/Rank _____ Telephone: _____

ID or Passport Number _____ Address: _____ 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 to add more authorised signatories

**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.*

3. Details of the beneficial owners, directors &/or shareholders

A.1 Forename(s) _____ Surname(s) _____ Date of Birth _____ *Capacity _____ Telephone: _____

ID or Passport Number _____ Address: _____ Email: _____

A.2 Forename(s) _____ Surname(s) _____ Date of Birth _____ *Capacity _____ Telephone: _____

ID or Passport Number _____ Address: _____ Email: _____

Please tick box if another form is required to add more beneficial owners, directors &/or shareholders

**Capacity within the organisation.*

4. Maturity Instructions - Ordinary Deposit Account Details

Account Number _____ Account Name _____

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Reference (If applicable) _____

Please tick the appropriate box: Existing Account New Account

5. Interest Payment Instructions

Bank _____ Sort Code _____ Account Number _____

Reference (If applicable) _____ Account Name _____

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

6. Investment Options

Minimum investment £1,000

Investment	Rate	Amount
1-Year Economic Development Fixed Term Registered Debentures June 2025	6%	
3-Year Economic Development Fixed Term Registered Debentures June 2027	5.5%	
5-Year Economic Development Fixed Term Registered Debentures June 2029	5%	
Total Value £		

7. Method of Payment

Cheque £	Cheque No.	Sort Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Name
Bank Transfer £		Sort Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Name
Debit Card £	Last 4 digits <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sort Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Name
Ordinary Deposit £			Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Name
£				
Total Investment				

8. 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.

9. Organisation Consent *(If applicable)*

We hereby confirm that the GSB has informed us that we may provide redacted bank statements. We however confirm that we have willingly provided the Gibraltar Savings Bank with full unredacted bank statements.

Please initial here

10. Declarations and Signatures

I/We hereby confirm that I/we understand that no withdrawals are permitted on this debenture.

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 Debenture Account:

Signature

Signature

Date:

Date:

All signatories must sign

11. 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

Company No.

Receipt / JV No.

Date of Purchase:

Processed by:

Verified by:

Date: