



Gibraltar Savings Bank

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:
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ID or Passport Number	Address:			Email:
	<input type="text"/>	<input type="text"/>			<input type="text"/>

A.2	Forename(s)	Surname(s)	Date of Birth	Status/Rank	Telephone:
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ID or Passport Number	Address:			Email:
	<input type="text"/>	<input type="text"/>			<input type="text"/>

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:
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ID or Passport Number	Address:			Email:
	<input type="text"/>	<input type="text"/>			<input type="text"/>

A.2	Forename(s)	Surname(s)	Date of Birth	*Capacity	Telephone:
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ID or Passport Number	Address:			Email:
	<input type="text"/>	<input type="text"/>			<input type="text"/>

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 No.	Account Name
<input type="text"/>	<input type="text"/>
Reference (If applicable)	
<input type="text"/>	
Please tick the appropriate box: Existing Account <input type="checkbox"/> New Account <input type="checkbox"/>	

5. Interest Payment Instructions

Bank	Sortcode	Account No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference (If applicable)	Account Name	
<input type="text"/>	<input type="text"/>	
Please tick the appropriate box: Existing Payment Instruction <input type="checkbox"/> New Payment Instruction (Proof is required, e.g. Bank Statements) <input type="checkbox"/>		

6. Investment Options

Minimum investment £1,000

Investment	Amount
<input type="checkbox"/> 1-Year Fixed Term Monthly Registered Debentures	
<input type="checkbox"/> 3-Year Fixed Term Monthly Income Registered Debentures	
<input type="checkbox"/> 5-Year Fixed Term Monthly Income Registered Debentures	
Total Value £	

7. Method of Payment

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

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 X _____

10. Declarations and Signatures

We hereby confirm acceptance of the rate of _____ for the duration of the term of this _____ Year Fixed Term Registered 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 <input type="text"/>	Signature <input type="text"/>
Date: <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/>

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