

Gibraltar Savings Bank Registered Debentures Application Form - Individual

	Joint Accounts may be held on an "AND	1	ien purchasing registere ase tick appropriate box.	And	3.	*And / Or			
	*We understand and accept that the GI				ged of its liabilities		any one of		
	the registered holders. I/We accept the terms and conditions of investment as specified in the Prospectus and General Conditions and hereby apply to purch								
	the following Gibraltar Savings Bank			1			1		
			Interest rates per annum	Amount (multiples of £100)					
	Monthly Income Deben	Monthly Income Debentures - One month's notice							
	3-Year Fixed Term Monthly Income Debentures 5-Year Fixed Term Monthly Income Debentures				Fixed @ 2%				
					Fixed @ 3%				
	10-Year Pensioner Fixed	tures	Fixed @ 5%						
			Total Value £						
	1. Details of Applicant(s)		APPLICANTS	MUST BE 18	3 YEARS OR OVEF	₹			
	Do you at present own any other	er Registered	Debentures/Bonds?	Yes / No	If yes, enter Ac	count No(s).			
.1	Forename(s)		Surname(s)		Date of Birth (DD)	MM / YYYY)			
	ID or Passport Number	Email:		Me	obile:	Telephor	ne:		
	Address:								
2	Forename(s)		Surname(s)		Date of Birth (DD/MM/YYYY)				
	ID or Passport Number	Email:		Me	obile:	Telephor	ne:		
	Address:								
3	Forename(s)				Date of Birth (DD/MM/YYYY)				
	ID or Passport Number	Email:		Me	obile:	Telephor	ne:		
	Address:								
4	Forename(s)					Date of Birth (DD/	MM / YYYY)		
	ID or Passport Number	Email:		Me	obile:	Telephor	ne:		
	Address:								

	2. Deposit details									
	Savings Bank notice of with	ıdrawal: £	Bank	z / Ordinary Deposit Account Details						
	Cheque: £		Account No:							
	Debit Card: £		Cheque No:							
	Bank Transfer: £		Sortcode:							
	For GSB Use Only									
	Receipt/J.V Number:		Holder Num	ber:						
	D			fumber:						
	<u> </u>									
	3. Interest Payment Instructions Please pay interest accruing in my/our Registered Debentures as follows:									
	Bank/Building Society Name:									
	Account No:			Sortcode:						
	Account Name:			Softcode.						
	L	Please enter details in full - (appl	icant must be the ac	ecount holder)						
	4. Employer Details	<i>y</i> 11								
	Employer	Occupation		Nature of Business						
4. 1	Employer	Occupation		Nature of Business						
4.2	Employer			Nature of Business						
	Employer	Occupation		Nature of Business						
A.3	r 1			N. CD.						
4.4	Employer	Occupation		Nature of Business						
	5. Source of Investment (Pleas	e specify)								
	Please note that you may be asked to supplinvestment, or series of investments, is grea		fy the source of fund	ls. Such evidence will be required, in any case, where the						
	6. Exchange of Information fo									
	Please note that if you are not resident in G	Fibraltar, details of your holding o exchange of information agreemen	nts in force from tim	e subject to exchange of information, in accordance with the to time. As a result, when you are investing for the first claration Form.						
	7. Data Protection Act 2004									
	service(s) that you have requested. This data wi mation about you or your investments is private	ll remain on file/computer records fo and confidential and will not be disc f you want to see your records, please	r as long as administra closed to anyone not co e write to the Data Pro	tess personal data for the purpose of providing you with the atively necessary and will then be destroyed. Personal infor- connected with the provision of this service unless you give us officer, Treasury Department, 206/210 Main Street,						
	8. Signatures									
	Applicant 1 Signature		Applicant 2	Signature						
	Applicant 3 Signature		Applicant 4	Signature						

All applicants must sign