



# GIBRALTAR SAVINGS BANK CHILDREN'S BOND ACCOUNT APPLICATION FORM

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:

| Investment                                       | Interest rate - per annum | Amount (multiples of £10) |
|--|---------------------------|---------------------------|
| <input type="checkbox"/> Children's Bond Account | Fixed @ 5%                |                           |

### Details of the Child

| Forename(s): | Surname(s): | I/D or Passport Number | Date of Birth | Date of 18th birthday |
|--------------|-------------|------------------------|---------------|-----------------------|
|              |             |                        |               |                       |

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

### Address:

|  |
|--|
|  |
|  |

All correspondence will be sent for the attention of the child's parent or legal guardian at the above address

### Details of the Parent(s)/Legal Guardian

Do you at present own any other Registered Debentures/Bonds?    Yes/No    If yes, enter account number :

| Forename(s): | Surname(s): | I/D or Passport Number | Date of Birth | Employer/ Occupation |
|--------------|-------------|------------------------|---------------|----------------------|
|              |             |                        |               |                      |
|              |             |                        |               |                      |

### Address:

| Address: | Email | Telephone |
|----------|-------|-----------|
|          |       |           |
|          |       |           |

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

Do you at present own any other Registered Debentures/Bonds?    Yes/No    If yes, enter account number :

| Forename(s): | Surname(s): | I/D or Passport Number | Date of Birth | Relationship to the child |
|--------------|-------------|------------------------|---------------|---------------------------|
|              |             |                        |               |                           |
|              |             |                        |               |                           |

### Address:

| Address: | Email | Telephone |
|----------|-------|-----------|
|          |       |           |
|          |       |           |

### I enclose Cheque/Savings Bank Notice of Withdrawal as follows:

Savings Bank notice of withdrawal : \*Bank account details:

\*Cheque : Account No: \_\_\_\_\_  
Cheque No: \_\_\_\_\_  
Sort Code: \_\_\_\_\_

for £ \_\_\_\_\_ in payment of the above.

**PLEASE TURN OVER**

**Source of Investment:** *(Please tick the relevant box)*

Personal Savings  *6 months bank statements*

Business Deal  *relevant documentation to be submitted with application*

Gratuity  *letter from employer and bank statement showing deposit*

Inheritance  *legal documentation and bank statement showing deposit*

Asset Sale  *copy of legal documentation and bank statement*

Gift  *letter from person making gift and bank statement*

Property Sale  *completion statement or letter from lawyer and bank statement showing deposit*

Life Insurance  *confirmation letter from Insurance Provider*

Other (please specify) ..... *relevant documentation to be submitted with application*

*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.*

**Data Protection Act 2004**

Under the Data Protection Act 2004, the Gibraltar Savings Bank reserves the right to collect, store and process personal data for the purpose of providing you with the service(s) that you have requested. This data will remain on file/computer records for as long as administratively necessary and will then be destroyed. Personal information about you or your investments is private and confidential and will not be disclosed to anyone not connected with the provision of this service unless you give us your consent, or the law permits or requires it. If you want to see your records, please write to the Data Protection Officer, Treasury Department, 206/210 Main Street, Gibraltar, providing us with your full name, current and previous address and account number(s).

**Depositor's signature(s):**

1 \_\_\_\_\_ 2 \_\_\_\_\_

**Parent's or Legal Guardian's signature (if not the depositor)**

1 \_\_\_\_\_ 2 \_\_\_\_\_

*FOR OFFICE USE ONLY*

Receipt/J.V. Number: .....

Payment Code: .....

Date of Purchase: .....

Holder Number: .....

Issue Code: .....