



Gibraltar Savings Bank

Ordinary Deposit Account held in Trust Form

This Application Form is to be completed when opening an account for a minor (under the age of 7) and must be opened on behalf of the minor and will require the consent of the parent or legal guardian.

Supporting Documents

- All of the applicants must complete a Customer Information Form

Complete ALL relevant sections of this form in BLOCK CAPITALS and in Black Ink

1. Personal Details

1.1 - Child *(Original Birth Certificate required)*

Forename

Surname(s)

Bank Use Only

Client No:

Date of Birth

(Any correspondence will be sent to Applicant 1)

1.2 - Applicant 1

Forename

Bank Use Only

Client No:

1.3 - Applicant 2

Forename

Bank Use Only

Client No:

Surname(s)

Date of Birth

Date of Birth

1.4 - Applicant 3

Forename

Bank Use Only

Client No:

1.5 - Applicant 4

Forename

Bank Use Only

Client No:

Surname(s)

Date of Birth

Date of Birth

If more than four applicants, please tick the box and use an additional application form

1.6-*Parent/Legal Guardian(s)

Forename

Bank Use Only

Client No:

1.7-*Parent/Legal Guardian(s)

Forename

Bank Use Only

Client No:

Surname(s)

Surname(s)

ID / Passport No.

ID / Passport No.

Date of Birth

Date of Birth

*(If not applicant *Proof of Identification required)*

*(If not applicant *Proof of Identification required)*

2. Account Details

Other Active Gibraltar Savings Bank Ordinary
Deposit Accounts

What is the source of funds in respect to the initial
funds deposited into the account?

Estimated expected level of monthly:

Withdrawals

Deposits

What is the intended purpose of opening an
Ordinary Deposit account with the Gibraltar Savings
Bank.

3. Declaration

I/we hereby declare that I/we wish to open an Ordinary Deposit account and confirm that the details provided are correct and complete. I/we have read and accepted the regulations and rules stipulated under the Gibraltar Savings Bank Act and Savings Bank (Ordinary Accounts) Rules (these are available online at www.gibraltarlaw.gov.gi). I/we understand that it is my/our responsibility and obligation to promptly notify the Gibraltar Savings Bank should there be any changes to the details supplied.

Applicant 1

Applicant 3

Parent / Legal Guardian *(If applicable)*

Applicant 2

Applicant 4

Parent / Legal Guardian *(If applicable)*

4. 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.

For Bank Use Only

COA Ref

Client Number *(If joint account)*

Client Name *(Max 30 characters)*

Child's Birth Certificate

Legal Guardian ID or Passport Certified Copy

Account Number

Account Name *(Max 30 characters)*

Prepared by

Checked by

Date

