



Gibraltar Savings Bank

Registered Debentures Purchase Form - Individual(s)

All new applicants must complete a separate [Client Information Form](#)

1. Details of Applicant(s)

(Please tick the appropriate box)

Individual
(Held in one name only)

OR

Jointly
Held in two or more names in an:
** 'And' basis *** 'And / Or' basis

A.1 Forename(s) Surname(s) Date of Birth DD MM YYYY

Address

A.2 Forename(s) Surname(s) Date of Birth DD MM YYYY

Address

If applicable only

This section is ONLY to be completed for investments held on behalf of a minor

M.1 Minor's Forename(s) Minor's Surname(s) Date of Birth DD MM YYYY

Address

Relationship to Applicant *

Please tick box if another form is required to add more Account Holders

2. Primary Contact Details

Please note that these details will be the point of contact for this Investment Account.

Correspondence Address:

Email: Contact No.:

3. Interest Payment Instructions

Bank Sortcode Account No.

Reference (If applicable) Account Name

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

4. Investment Options

Investment	Interest rates per annum	Amount
<input type="checkbox"/> Monthly Income Debentures (Issue 3)	Variable @ 0.75%	
<input type="checkbox"/> 3-Year Fixed Term Monthly Income Debentures	Fixed @ 1.5%	
<input type="checkbox"/> 5-Year Fixed Term Monthly Income Debentures	Fixed @ 2.5%	
<input type="checkbox"/> 10-Year Fixed Term Pensioner Monthly Income Debentures (conditions of eligibility apply, see below) ****	Fixed @ 5%	
Total Value £		

*Parent / Legal Guardian will also be required to sign the form if not applicants (see overleaf)

**Where debentures are held jointly in an 'and' basis all debenture holders will be required to sign for all transactions in relation to the debentures.

***The GIBRALTAR SAVINGS BANK (GSB) will consider itself discharged of its liabilities if any monies are paid to any one of the account holders, where debentures are held jointly in an 'and/or' basis (only one signature is required).

****The interpretation of a pensioner for this purpose means a resident individual aged 60 years or over, or who has retired and is in receipt of a pension or a person who has received a lump sum payment in lieu of a pension.

5. Method of Payment

Cheque	Cheque No.	Sort Code	Account Number	Account Name
£				
Bank Transfer		Sort Code	Account Number	Account Name
£				
Debit Card	Last 4 digits	Sort Code	Account Number	Account Name
£	*			
Ordinary Deposit			Account Number	Account Name
£				
£				
Total Investment				

6. 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. (e.g. Personal Savings, Property Sales, Gratuities, etc)

7. Client Consent *(If applicable)*

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

Please initial here X _____

8. Applicant Signatures

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 Debenture Account:

Signature		Signature	
Date:	DD MM YYYY	Date:	DD MM YYYY
Signature			
Date:	DD MM YYYY		
Parent or Legal Guardian Signature (if not the Applicant)			
Signature		Name:	

9. 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 Office Use Only

Applicant 1	Applicant 2	Applicant 3
IDS Client No.	IDS Client No.	IDS Client No.
Pensioner Status Verified: <input type="checkbox"/>	Pensioner Status Verified: <input type="checkbox"/>	Pensioner Status Verified: <input type="checkbox"/>
Receipt / JV No.	Date of Purchase:	
	DD MM YYYY	
Processed by:	Verified by:	Date:
		DD MM YYYY