



	Debenture Reference No.(s)			Fotal Value : £	Ê	
	1. Details of the Organi	sation				
	Name:					
	Registered Address:					
	Email:					
	Contact No. :					
	Name of Investment:					
	2. Primary Contact Det	ails				
Please note that these details will be the point of contact for this Investment Correspondence Address:					count.	
	Email:			Contact No.:		
	3. Details of the author	sed signatories				
<b>A</b> .1	Forename(s)		Surname(s)			Date of Birth
	Position in Organisation	Telephone:		Email:		DD MM YYYY
4.2	Forename(s)		Surname(s)			Date of Birth
	Position in Organisation	Telephone:		Email:		
- 4.3	Forename(s)		Surname(s)			Date of Birth
	Position in Organisation	Telephone:		Email:		DD MM YYYY
- 4.4	 Forename(s)		Surname(s)	,		Date of Birth
	Position in Organisation	Telephone:		Email:		
	Please specify the number are required.	er of signatures rec	quired to auth	horise any transa	ction. A min	imum of two signatures

*Please tick box if another form is required* 

## 4. Reinvestment Details

## Minimum investment £1,000

Investment	Interest Rate	Amount
1-Year Fixed Term Monthly Income Registered Debentures	4.75%	
3-Year Fixed Term Monthly Income Registered Debentures	4.50%	
5-Year Fixed Term Monthly Income Registered Debentures	4.25%	
	Total Value £	

## Maturity Instructions - Ordinary Deposit Account Details

Account No.	Account Name				
	Please tick the appropriate box: Existing Account New Account				
5. Interest Payment Instructions					
Bank	Sortcode   Account No.				
Reference (If applicable)   According	count Name				
Please tick the appropriate box:	Existing Payment Instruction   New Payment Instruction				
6. Redemption Details					
I/we wish to redeem the above-mentioned Debenture Reference No.(s), and I/we understand that the capital will be deposited in the same bank/ordinary deposit account where the interest is credited.					
	Total Value £				
7. 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:					

Signatory 1	Signature		Signatory 2 Signature	
	Date:	DD MM YYYY	Date:	DD MM YYYY
Signatory 3	Signature		Signatory 4 Signature	
	Date:	DD MM YYYY	Date:	DD MM YYYY

## 8. 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 GSB Use Only		
Processed by:	Verified by:	Date: