Gibraltar Savings Bank

DB OAF 1.0

Registered Debentures Application Form - Organisations

We accept the terms and conditions of investment as specified in the Prospectus and General Conditions and hereby apply to purchase the following Gibraltar Savings Bank Registered Debentures/Bonds:

1. Details of the Organisation

Organisation Name:

Nature of Business:

Address:

Email:

Telephone:

Should the organisation own any Registered Debenture/Bonds please enter Account No.

2. Details of the authorised signatories

A.1 Forename(s) | Surname(s) | Date of Birth | Status/Rank | Telephone:

ID or Passport Number | Address: | Email:

A.2 Forename(s) | Surname(s) | Date of Birth | Status/Rank | Telephone:

ID or Passport Number | Address: | Email:

Please specify the number of signatures required to authorise any transaction. A minimum of two signatures are required.

Please tick box if another form is required to add more authorised signatories

**We understand and accept that the GIBRALTAR SAVINGS BANK will consider itself discharged of its liabilities if any monies payable hereunder are paid as specified above.*

3. Details of the beneficial owners, directors &/or shareholders

A.1 Forename(s) | Surname(s) | Date of Birth | *Capacity | Telephone:

ID or Passport Number | Address: | Email:

A.2 Forename(s) | Surname(s) | Date of Birth | *Capacity | Telephone:

ID or Passport Number | Address: | Email:

Please tick box if another form is required to add more beneficial owners, directors &/or shareholders

**Capacity within the organisation.*

4. Maturity Instructions - Ordinary Deposit Account Details

Account Number

Account Name

Reference *(If applicable)*

Please tick the appropriate box: *Existing Account* *New Account*

5. Interest Payment Instructions

Bank

Sort Code

Account Number

Reference *(If applicable)*

Account Name

Please tick the appropriate box: *Existing Payment Instruction*

New Payment Instruction (Proof is required, e.g. Bank Statements)

6. Investment Options

Minimum investment £1,000

Investment	Rate	Amount
☐ 3-Year Fixed Term Monthly Income Registered Debentures	4%	£
Total Value		£

7. 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

8. 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.

9. Organisation Consent *(If applicable)*

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

Please initial here x_____

10. Declarations and Signatures

We accept the terms and conditions of investment as specified in the Prospectus and General Conditions. We authorise our Ordinary Deposit Account to be debited with the investment value (if applicable).

Signature _____ Signature _____

Date: D D M M Y Y Y Y Date: D D M M Y Y Y Y

All signatories must sign

11. 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 Office Use Only

Company No. — Receipt / JV No. — Date of Purchase: DD MM YYYY

Processed by: — Verified by: — Date: DD MM YYYY