

Please tick the appropriate box:

Gibraltar Savings Bank



Economic Development 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:

Organisation Name:		ation	Nature of Business:					
	Address:							
	Email:		Telephone:					
	Should the organisation own	n any Registered Debenture,	/Bonds please enter	Account No.				
	2. Details of the authoris	sed signatories						
A.1	Forename(s)	Surname(s)	Date of Birth	Status/Rank	Telephone:			
	ID or Passport Number	Address:		Ema	il:			
— A.2	Forename(s)	Surname(s)	Date of Birth	Status/Rank	Telephone:			
	ID or Passport Number	Address:		Email:				
	Please specify the numbe are required.	r of signatures required to	authorise any tra	nsaction. A minim	num of two signatures			
	Please tick box if another form is required to add more authorised signatories							
	3. Details of the benefici	al owners directors &/or	r shareholders ne	ension scheme				
A.1	Forename(s)	Surname(s)	Date of Birth	*Capacity	Telephone:			
	ID or Passport Number	Address:		Ema	il:			
_ A.2	Forename(s)	Surname(s)	Date of Birth	*Capacity	Telephone:			
	ID or Passport Number	Address:		Ema	il:			
	Please tick box if another form is 1 *Capacity within the organisation 4. Maturity Instructions			nreholders				
	Account Number Reference (If applicable)	Account Name	Junt Details					
	Please tick the appropriate box: Existing Account New Account							
	5. Interest Payment Inst							
	Bank		Sort Code	Accour	nt Number			
	Reference (If applicable)	Account Name						

Existing Payment Instruction

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

6. Investment Options

Minimum investment £1,000

Investment		Amount
1-Year Economic Development Fixed Term Registered Debentures Dec 2026	3.75%	
5-Year Economic Development Fixed Term Registered Debentures Dec 2030		
Total V	alue £	

7. Method of P	ayment									
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 Depos	it		Account Number	Account Name						
£				Account Name						
£										
Total Investment										
8. Source of In	vestment (Plea	se 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.										
10. Declaration	ns and Signatu	res		Please initial here X						
10. Declarations and Signatures I/We hereby confirm that I/we understand that no withdrawals are permitted on this debenture.										
I/We accept the terms and conditions of investment as specified in the Prospectus and General Conditions. I/We authorise our Ordinary Deposit Account to be debited with the investment value (if applicable).										
Signature			Signature							
Date:			Date:							
		All signator	ies must sign							
11. Data Prote	ction - 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 On	ly									
Company No.		Receipt / JV No). I	Date of Purchase:						
				DD MM YYYY						
Processed by:		Verified by:	I	Date:						
		•		DD MM YYYY						