

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:

	1. Details of the Organisa	ation							
	Organisation Name:		Nature of Business:						
	Address:								
	Email:		Telephone:						
	Linui.		Telephone.						
	Chould the organisation over	any Registered Debenture/Bo	nda placa antar	Account No					
	2. Details of the authorise	, 0	onds please enter	Account No.					
Λ 1	Forename(s)	Surname(s)	Date of Birth	Status/Rank	Talanhana				
A.1	rorename(s)	Surfiame(s)	Date of Birtii	Status/ Kalik	Telephone:				
	ID as Decorat Namehou	A 11							
	ID or Passport Number	Address:		Email:					
— А 2	Forename(s)	Surname(s)	Date of Birth	Status/Rank	<u></u> Telephone:				
11.2	1 Orename(5)		Date of Birth		Тегерноне.				
	ID or Passport Number	Address:		Email:					
	1D of Tassport Number	Address:		Ellian;					
	Please specify the number	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 rea	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.			5-m - y y y y	1 1)				
	3. Details of the beneficia	l owners, directors &/or sl	nareholders						
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.	juirea to aaa more venejiciai owners,	airectors &/or snaren	olaers					
	1 ,	- Ordinary Deposit Accou	nt Dotoils						
	•	• •	iit Details						
	Account No.	Account Name							
	Reference (If applicable)	71							
		Please tick the appropri	iate box: Exist	ing Account	New Account				
	5. Interest Payment Instr	uctions							
	Bank		Sortcode	Account No.					
	Reference (If applicable)	Account Name							
	Reference (If applicable)	Account Name							
	Reference (If applicable)	Account Name		New Payment Instruction					

6. Investment Options

Minimum investment £1,000

Investment		Amount
1-Year Economic Development Fixed Term Registered Debentures March 2025	6%	
3-Year Economic Development Fixed Term Registered Debentures March 2027	5.5%	
5-Year Economic Development Fixed Term Registered Debentures March 2029	5%	
Total '		

7. Method of Pa	yment										
Cheque	Cheque No. Sort C	dode Acco	ount Number	Account Name							
£											
Bank Transfer	Sort C	dode Acco	ount Number	Account Name							
£											
Debit Card	Last 4 digits Sort C	dode Acco	ount Number	Account Name							
£	*										
Ordinary Deposit		Acco	ount Number	Account Name							
£											
£	l										
Total Investment	•										
8. Source of Inv	estment (Please specify)										
	1 1 1 1 1										
	ay be asked to supply docume investments, is greater than t		rurce of funds. Such evide	nce will be required, in any case, where the							
	Consent (If applicable)										
		s informed us that we m	av provide redacted	bank statements. We however							
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.											
	071	•	,	Please initial here X							
10. Declarations	and Signatures										
	<u> </u>	stand that no withdrawa	als are permitted on	this debenture.							
T171 .	1 1 6.		.1 D . 14	2 10 10 11 1							
-		vestment as specified in ings Bank Debenture Ac	-	General Conditions and hereby							
Signature		Sign	nature								
Date: DD	MM YYYY		Date: DD MM	1 YYYY							
		All signatories mus									
11 Data Protect	ion - How we use yo										
	•		as private and confi	dential. We respect your right to							
		•	-	we hold. See our privacy notice							
	ailable at www.gsb.gov.		au illioilliution that	we note. See our privacy notice							
For Office Use Only		8 7 8									
Company No.		Receipt / JV No.		Date of Purchase:							
1 /		1 /									
Processed by:		Verified by:		Date:							