



Gibraltar Savings Bank

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

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

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

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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	3.5%	
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:

Date:

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:

Processed by:

Verified by:

Date: