

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:

	1. Details of the Organis	ation					
	Organisation Name:	Nature of Business:					
	Address:						
	Email:		Telephone:				
	2. Details of the authoris	sed signatories					
A.1	Forename(s)	Surname(s)	Date of Birth	Status/Rank	Telephone:		
	ID or Passport Number	Address:		Em	ail:		
— 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 minir	num of two signatures		
	Please tick box if another form is required to add more authorised signatories						
	3. Details of the beneficiation	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:		Em	ail:		
— A.2	Forename(s)	Surname(s)	Date of Birth	*Capacity	Telephone:		
	ID or Passport Number	Address:		Email:			
	Please tick box if another form is r *Capacity within the organisation.	•		ıreholders			
	4. Maturity Instructions						
	Account Number	Account Name					
	Reference (If applicable)  Please tick the appropriate box: Existing Account New Account						
	5. Interest Payment Insti	ructions					
	Bank		Sort Code	Accou	int 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	Rate	Amount
1-Year Economic Development Fixed Term Registered Debentures June 2026	4%	
5-Year Economic Development Fixed Term Registered Debentures June 2030	5%	
Total Va	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 Deposi	it		Account Number	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										
•			t we may provide redacted ban							
confirm that we have willingly provided the Gibraltar Savings Bank with full unredacted bank statements.										
			P	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										
Date:	Date: Date:									
	All signatories 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 Only										
Company No.		Receipt / JV No	o. Da	te of Purchase:						
			D	D MM YYYY						
Processed by:		Verified by:	Da	te:						
			D	D MM YYYY						