



# Gibraltar Savings Bank

## Ordinary Deposit Account held in Trust Form

This Application Form is to be completed when opening an account for a minor (under the age of 7) and must be opened on behalf of the minor and will require the consent of the parent or legal guardian.

### Supporting Documents

- All of the applicants must complete a Customer Information Form

**Complete ALL relevant sections of this form in BLOCK CAPITALS and in Black Ink**

### 1. Details of Applicant(s)

(Please tick appropriate box)

Individual

OR

\*Joint

If 'Joint' is ticked please select a box below

And

\*\*And / Or

\*Joint Accounts may be held on an "AND/OR" basis.

\*\*We understand and accept that the GIBRALTAR SAVINGS BANK (GSB) will consider itself discharged of its liabilities if any monies are paid to any one of the account holders.

(Any correspondence will be sent to Applicant 1)

#### 1.1 - Applicant 1

Bank Use Only

Forename  Client No:

Surname(s)

Date of Birth

DD  MM  YYYY

#### 1.2 - Applicant 2

Bank Use Only

Forename  Client No:

Surname(s)

Date of Birth

DD  MM  YYYY

If more than two applicants, please tick the box and use an additional application form

### 2. Personal Details

#### 2.1 - Child (Original Birth Certificate required)

Forename

Date of Birth

DD  MM  YYYY

Surname(s)  Client No:

### 3. Details of Parents/Legal Guardian(s) - If not Applicant(s)

#### 3.1 - \*Parent/Legal Guardian(s)

Bank Use Only

Forename  Client No:

Surname(s)

ID / Passport No.

Date of Birth

DD  MM  YYYY

(If not applicant \*Proof of Identification required)

#### 3.2 - \*Parent/Legal Guardian(s)

Bank Use Only

Forename  Client No:

Surname(s)

ID / Passport No.

Date of Birth

DD  MM  YYYY

(If not applicant \*Proof of Identification required)

#### 4. Account Details

Other Active Gibraltar Savings Bank Ordinary  
Deposit Accounts


What is the source of funds in respect to the initial  
funds deposited into the account?

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Estimated expected level of monthly:

Withdrawals

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Deposits

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What is the intended purpose of opening an  
Ordinary Deposit account with the Gibraltar Savings  
Bank.

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#### 5. Declaration

I/we hereby understand that this account does not permit withdrawals or closures.  \_\_\_\_\_  
*Please initial here*

I/we hereby declare that I/we wish to open an Ordinary Deposit account and confirm that the details provided are correct and complete. I/we have read and accepted the regulations and rules stipulated under the Gibraltar Savings Bank Act and Savings Bank (Ordinary Accounts) Rules (these are available online at [www.gibraltarlaw.gov.gi](http://www.gibraltarlaw.gov.gi)). I/we understand that it is my/our responsibility and obligation to promptly notify the Gibraltar Savings Bank should there be any changes to the details supplied.

Applicant 1

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Applicant 2

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Parent / Legal Guardian *(If applicable)*

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Parent / Legal Guardian *(If applicable)*

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#### 6. 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.gibraltar.gov.gi](http://www.gibraltar.gov.gi) under Treasury Department, Gibraltar Savings Bank or by calling us.

*For Bank Use Only*

COA Ref

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Client Number *(If joint account)*

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Account Number

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Client Name *(Max 30 characters)*

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Account Name *(Max 30 characters)*

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Child's Birth Certificate

Legal Guardian ID or Passport Certified Copy

Prepared by

Checked by

Date

