



**Gibraltar Savings Bank**  
**BACS TRANSFER FORM**  
**Withdrawals**



**Account Information:**

Ordinary Deposit  
 Account Name:

Ordinary Deposit  
 Account No:

Contact Telephone  
 Number:

Amount

Amount in  
 Words

**To be paid as follows** *(Proof of account is required) :*

Name of Institution:

Sort Code:

Account Name:

Account No:

Date

Signature(s)

<i>For office use</i>		Checking Officer	
Current Balance in Account	£ <input type="text"/>	<input type="text"/>	
Bacs Transfer Request	£ <input type="text"/>	Date	<input type="text"/>
Balance	£ <input type="text"/>	Counter Clerk	<input type="text"/>
<b>Date:</b>	<input type="text" value="/ / 20"/>	<b>Transfer Date:</b>	<input type="text" value="/ / 20"/>
		<b>Ref no:</b>	<input type="text"/>

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 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](http://www.gsb.gov.gi), or by calling us.