



Gibraltar Savings Bank

Ordinary Deposit Account Form

This Application Form is to be completed when opening an account if you are 7 or over. Applications made by a child aged from 7 to 16 years must be countersigned by the parent or legal guardian as consent to the opening of the account.

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. Account Type

(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 (Thrift clubs must be operated with at least two signatories on an "AND" 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.

2. Personal Details

(Any correspondence will be addressed to Applicant 1)

2.1 - Applicant 1

Bank Use Only

Forename

Client No:

Surname(s)

Date of Birth

 DD MM YYYY

2.3 - Applicant 3

Bank Use Only

Forename

Client No:

Surname(s)

Date of Birth

 DD MM YYYY

2.2 - Applicant 2

Bank Use Only

Forename

Client No:

Surname(s)

Date of Birth

 DD MM YYYY

2.4 - Applicant 4

Bank Use Only

Forename

Client No:

Surname(s)

Date of Birth

 DD MM YYYY

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

3. 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?

Estimated expected level of monthly:

Withdrawals

Deposits

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

4. Declaration

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 as stipulated under the Gibraltar Savings Bank Act and Savings Bank (Ordinary Accounts) Rules (these are available online at www.gibraltar.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

Signature

Applicant 2

Signature

Applicant 3

Signature

Applicant 4

Signature

Parent's or Legal Guardians' signatures as formal consent to the opening of the account in the child's own name. Proof of identification must also be provided.

Parent or Legal Guardian 1

Signature

Date

Parent or Legal Guardian 2

Signature

5. 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 under Treasury Department, Gibraltar Savings Bank or by calling us.

For Bank Use Only

COA Ref

Partnership Client Number

Client Name (Max 30 characters)

Account Number

Account Name (Max 30 characters)

Prepared by

Checked By

Date

