☐ I. Details of Applicant(s)	mplete a separate <u>Client Information Form</u>	
(Please tick the appropriate box) Individual (Held in one name only)	OR Jointly * 'And' ba	two or more names in an:
Address	Surname(s)	Date of Birth
2 Forename(s) Address	Surname(s)	Date of Birth DD MM YYY
3 Forename(s) Address	Surname(s)	Date of Birth
4 Forename(s) Address	Surname(s)	Date of Birth DD MM YYY

Email:	Contact No.			
		••		
3. Interest Payment Instructions				
Bank	Sortcode	Account N	0.	
Reference (If applicable) Account Name				
Please tick the appropriate box: Existing Payment Instruction	n	New Payment Instru (Proof is required, e.ş	g. Bank Statements)	
4. Investment Options				
Investment		Interest rates per annum	Amount	
10-Year Fixed Term Pensioner Monthly Income Deb	entures	Fixed @ 5%		

	(conditions of eligibility apply, see below) ***	Fixed @ 5%	
		Total Value £	
ľ			

*Where debentures are held jointly in an 'and' basis all debenture holders will be required to sign for all transactions in relation to the debentures.

**The GIBRALTAR SAVINGS BANK (GSB) will consider itself discharged of its liabilities if any monies are paid to any one of the account holders, where debentures are held jointly in an 'and/or' basis (only one signature is required).

***The interpretation of a pensioner for this purpose means a resident individual aged 60 years or over, or who has retired and is in receipt of a pension or a person who has received a lump sum payment in lieu of a pension. Page 1

5. Method of Pay	ment					
Cheque	Cheque No.	Sort Code	Account Nu	umber		Account Name
£						
Bank Transfer		Sort Code	Account Nu	ımber		Account Name
Debit Card	Last 4 digits	Sort Code	Account Nu	ımber		Account Name
£	*					
Ordinary Deposit			Account Nu	umber		Account Name
£						
£						
Total Investment						
6. Source of Inve	stment (Pleas	se specify)				
		ly documentary evidence to veri ater than £10,000. (e.g. Personal				e required, in any case, where the
7. Client Consen						
		the GSB has informed	us that we r	may provid	e redacte	ed bank statements. I/we
						redacted bank statements.
					Please	initial here X
8. Applicant Sign						
I/We accept the terms a Gibraltar Savings Bank		vestment as specified in the Pros t:	pectus and Gener	al Conditions	and hereby	apply to open the following
Signature			Signature			
Date: DD	MM YY	YY	Date:	DD M	MY	YYY
Signature			Signature			
Date: DD	MM YY	YY	Date:	DD M	MY	YYY
9. Data Protectio	on – How we u	use your Information				
privacy and under for full details – ava	stand the impo	e ,	personal info			We respect your right to d. See our privacy notice
For Office Use Only						
Applicant 1		Applicant 2			Applica	
IDS Client No.		IDS Client No.			IDS Cli	ent No.
Pensioner Status	Verified:	Pensioner Stat	us Verified:		Pension	ner Status Verified:
Receipt / JV No.		Date of Purcha	ise:			
Processed by:		Verified by:			Date:	MM YYYY

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