



Gibraltar
INTERNATIONAL BANK

Personal Account Application

TYPE OF ACCOUNT(S) REQUIRED

Current Account ☐

Savings Account ☐

CURRENCY REQUIRED

GBP ☐

EURO ☐

Other (Specify) _____ ☐

BANK ACCOUNT FEATURES & REQUIREMENTS

Note: VISA Debit Card and E-Banking will be automatically provided to each Applicant.

FIRST APPLICANT

Title: _____ Marital Status: _____

Last name(s): _____

First name(s): _____

Date of birth: _____

Country of birth¹: _____

Nationality (List all if more than one): _____

Country of Tax Residence (List all if more than one):

Country of tax residence		TIN or insert "N/A" if not applicable	If no TIN available, enter reason A, B or C
1			
2			
3			

If a TIN is unavailable, please provide the appropriate **reason A, B or C where appropriate**:**Reason A** – The country where the Account Holder is liable to pay tax does not issue TINs to its residents;**Reason B** – The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why they are unable to obtain a TIN in the table below);**Reason C** – No TIN is required. (Note. Only select this reason if the authorities of the country of which the Account Holder is tax resident do not require the TIN to be disclosed)If you have advised that no TIN is available for a country of tax residence due to **reason B** above, please explain why you are unable to obtain a TIN for such country of tax residence below:

1	
2	
3	

Home Telephone: _____

Work Telephone: _____

Mobile Telephone: _____

Personal E-mail: _____

¹ Where the country of birth above is in the United States and the US has not been listed by the applicant as tax residence then a copy of the applicant's certificate of loss of nationality is required. If this is not available, then a reasonable explanation as to why the US nationality was not obtained at birth is required.

Memorable Word² (5 to 12 Letters only) _____

Current Residential Address:

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Country: _____ Post Code (if applicable): _____

Date of Entry to above address: _____

Correspondence Address:

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Country: _____ Post Code (if applicable): _____

² Can not contain part of your name, numbers or symbols.

SECOND APPLICANT

Title: _____ Marital Status: _____

Last name(s): _____

First name(s): _____

Date of birth: _____

Country of birth³: _____

Nationality (List all if more than one): _____

Country of Tax Residence (List all if more than one):

Country of tax residence		TIN or insert "N/A" if not applicable	If no TIN available, enter reason A, B or C
1			
2			
3			

If a TIN is unavailable, please provide the appropriate **reason A, B or C where appropriate**:

Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents;

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why they are unable to obtain a TIN in the table below);

Reason C – No TIN is required. (Note. Only select this reason if the authorities of the country of which the Account Holder is tax resident do not require the TIN to be disclosed)

If you have advised that no TIN is available for a country of tax residence due to **reason B** above, please explain why you are unable to obtain a TIN for such country of tax residence below:

1	
2	
3	

Home Telephone: _____

Work Telephone: _____

Mobile Telephone: _____

Personal E-mail: _____

³ Where the country of birth above is in the United States and the US has not been listed by the applicant as tax residence then a copy of the applicant's certificate of loss of nationality is required. If this is not available then a reasonable explanation as to why the US nationality was not obtained at birth is required.

Memorable Word⁴ (5 to 12 Letters only):

Current Residential Address:

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Country: _____ Post Code (if applicable): _____

Date of Entry to above address: _____

Correspondence Address:

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Country: _____ Post Code (if applicable): _____

⁴ Can not contain part of your name, numbers or symbols.

THIRD APPLICANT

Title: _____ Marital Status: _____

Last name(s): _____

First name(s): _____

Date of birth: _____

Country of birth⁵: _____

Nationality (List all if more than one): _____

Country of Tax Residence (List all if more than one):

Country of tax residence		TIN or insert "N/A" if not applicable	If no TIN available, enter reason A, B or C
1			
2			
3			

If a TIN is unavailable, please provide the appropriate **reason A, B or C where appropriate**:

Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents;

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why they are unable to obtain a TIN in the table below);

Reason C – No TIN is required. (Note. Only select this reason if the authorities of the country of which the Account Holder is tax resident do not require the TIN to be disclosed)

If you have advised that no TIN is available for a country of tax residence due to **reason B** above, please explain why you are unable to obtain a TIN for such country of tax residence below:

1	
2	
3	

Home Telephone: _____

Work Telephone: _____

Mobile Telephone: _____

Personal E-mail: _____

⁵ Where the country of birth above is in the United States and the US has not been listed by the applicant as tax residence then a copy of the applicant's certificate of loss of nationality is required. If this is not available then a reasonable explanation as to why the US nationality was not obtained at birth is required.

Memorable Word⁶ (5 to 12 Letters only):

Current Residential Address:

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Country: _____ Post Code (if applicable): _____

Date of Entry to above address: _____

Correspondence Address:

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Country: _____ Post Code (if applicable): _____

⁶ Can not contain part of your name, numbers or symbols.

FOURTH APPLICANT

Title: _____ Marital Status: _____

Last name(s): _____

First name(s): _____

Date of birth: _____

Country of birth⁷: _____

Nationality (List all if more than one): _____

Country of Tax Residence (List all if more than one):

Country of tax residence		TIN or insert "N/A" if not applicable	If no TIN available, enter reason A, B or C
1			
2			
3			

If a TIN is unavailable, please provide the appropriate **reason A, B or C where appropriate**:

Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents;

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why they are unable to obtain a TIN in the table below);

Reason C – No TIN is required. (Note. Only select this reason if the authorities of the country of which the Account Holder is tax resident do not require the TIN to be disclosed)

If you have advised that no TIN is available for a country of tax residence due to **reason B** above, please explain why you are unable to obtain a TIN for such country of tax residence below:

1	
2	
3	

Home Telephone: _____

Work Telephone: _____

Mobile Telephone: _____

Personal E-mail: _____

⁷ Where the country of birth above is in the United States and the US has not been listed by the applicant as tax residence then a copy of the applicant's certificate of loss of nationality is required. If this is not available, then a reasonable explanation as to why the US nationality was not obtained at birth is required.

Memorable Word⁸ (5 to 12 Letters only):

Current Residential Address:

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Country: _____ Post Code (if applicable): _____

Date of Entry to above address: _____

Correspondence Address:

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Country: _____ Post Code (if applicable): _____

⁸ Can not contain part of your name, numbers or symbols.

FINANCIAL INFORMATION

First Applicant		Second Applicant	
Full time		Full time	
Part time		Part time	
Self Employed		Self Employed	
Retired		Retired	
Homemaker		Homemaker	
Student		Student	
Other		Other	
If you are working describe what you do?			

First Applicant - Employer's Name and Address, if applicable

Second Applicant - Employer's Name and Address, if applicable

Basic Salary Per Year?	£	Basic Salary Per Year?	£
Frequency?		Frequency?	
Other forms of Income?		Other forms of Income?	
Total Annual Income		Total Annual Income	
Initial and/or Annual Deposit?		Initial and/or Annual Deposit?	

Third Applicant		Fourth Applicant	
Full time		Full time	
Part time		Part time	
Self Employed		Self Employed	
Retired		Retired	
Homemaker		Homemaker	
Student		Student	
Other		Other	
If you are working describe what you do?			

Third Applicant - Employer's Name and Address, if applicable

Fourth Applicant - Employer's Name and Address, if applicable

Basic Salary Per Year?	£	Basic Salary Per Year?	£
Frequency?		Frequency?	
Other forms of Income?		Other forms of Income?	
Total Annual Income		Total Annual Income	
Initial and/or Annual Deposit?		Initial and/or Annual Deposit?	

IMPORTANT INFORMATION REGARDING TAXATION

Your personal details are required to allow us to comply with relevant intergovernmental agreements (including but not limited to our tax information exchange agreements which Gibraltar has entered into with over 80 jurisdictions agreeing to cooperate on tax matters and combat tax evasion).

Regulations based on the OECD Common Reporting Standard (“CRS”) require Gibraltar International Bank Limited (“the Bank”) to collect and report certain information (typically by request only) about an account holder’s tax residency. If your tax residence (or the account holder, if you are completing this form on their behalf) is located outside Gibraltar, we may be legally obliged on request to pass on the information in this form and other financial information with respect to your financial accounts to the Gibraltar Tax Authority.

Financial Institutions are required to comply with such intergovernmental agreements. If you have any questions about how to complete this application form, please seek independent tax advice.

Please state all jurisdictions in which you are resident for tax purposes and provide your Tax Identification Number or functional equivalent where applicable. Your Tax Identification Number or functional equivalent is a unique identifier which enables the tax authority in your country of tax residence to identify you.

By completing and signing this application form, I/We authorise the Bank to report and disclose to the relevant authorities as required under FATCA and/or any other intergovernmental agreements any information held by it, in particular my name and address, nationality and relationship with the bank (including account numbers).

TAX COMPLIANCE DECLARATION

By completing & signing this application form, you confirm that you are Tax Resident(s) of only the country or countries stipulated on this application and confirm that you are fully tax compliant. Furthermore, you confirm that any current or prospective assets that are transferred to the Bank are and will be fully tax compliant. You also undertake to inform us of any changes in your residence for tax purposes and to provide supporting evidence as necessary and/or as the Bank may request. You confirm also that you have read and understood the Bank's General Terms & Conditions (specifically, Part 23 (Tax) and Part 24 (Tax Reporting Obligations)).

We recommend that you seek independent tax advice in your country of domicile. Please note that the Bank does not accept responsibility, nor does it assume any liability for any information which we may disclose pursuant to our statutory or regulatory obligations.

I/We certify that I am/We are the Account Holder(s) identified in this form or I am/We are authorised to sign for the Account Holder in respect of all accounts to which this form relates.

I/We declare that all statements made in this declaration are, to the best of my/our knowledge and belief, correct and complete.

I/We undertake to advise the Bank within 30 days of any change in circumstances which affects the tax residency status of the Account Holder(s) identified in this form or causes the information contained herein to become incorrect, and to provide the Bank with a suitably updated self-certification within up to 90 days of such change in circumstances.

I/We acknowledge that the information contained in this form and information regarding the Account Holder(s) and any Reportable Account(s) may be reported to the Gibraltar Tax Authority by the Bank and exchanged with tax authorities of another country or countries in which the Account Holder(s) may be tax resident pursuant to Intergovernmental Agreements to exchange financial account information.

DEPOSITOR INFORMATION SHEET

Basic information about the protection of your eligible deposit	
Eligible deposits in the Gibraltar International Bank Limited are protected by:	The Gibraltar Deposit Guarantee Scheme ¹
Limit of protection:	€100,000 per depositor per credit institution or the currency equivalent at the time of disbursement ²
If you have more eligible deposits at the same credit institution:	All your eligible deposits at the same credit institution are 'aggregated' and the total is subject to the limit of €100,000 or currency equivalent ²
If you have a joint account with other person(s):	The limit of €100,000 or currency equivalent applies to each depositor separately ³
Reimbursement period in case of credit institution's failure:	Between 7 and 20 working days ⁴
Currency of reimbursement:	Pound sterling (GBP, £) or, for branches operating in other EEA Member States, the currency of that State
Contact:	<p>The Financial Services Resolution and Compensation Committee c/o Financial Services Commission PO Box 940 Suite 3, Ground Floor Atlantic Suites Europort Avenue Gibraltar</p> <p>Tel: + 350 20040283</p> <p>E-mail: gdgb@fsc.gi</p>
More information:	http://www.gdgb.gi

¹Scheme responsible for the protection of your deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. The Gibraltar Deposit Guarantee Scheme is defined in the Financial Services Act 2019 (or such other subsidiary legislation or regulations), as amended from time to time. If insolvency of your credit institution should occur, your eligible deposits would in any case be repaid up to €100,000 (or the currency equivalent at the time of disbursement) by the Deposit Guarantee Scheme.

²General limit of protection

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum €100,000 per eligible claim, (or the currency equivalent at the time of disbursement) per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100 000 (or currency equivalent).

In some cases, eligible deposits which are categorised as 'temporary high balances' are protected above €100,000 (or the currency equivalent) for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- (a) Certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
- (b) A death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- (c) The payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

³Limit of protection for joint accounts

In case of joint accounts, the limit of €100,000 (or currency equivalent) applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of €100,000 (or currency equivalent).

⁴Reimbursement

The GFSC is the Competent Authority and had been appointed as the Resolution Authority. The Financial Services Resolution and Compensation Committee is the designated authority who administers the Deposit Guarantee Scheme, which can be contacted via: c/o Financial Services Commission, PO Box 940, Suite 3, Ground Floor, Atlantic Suites, Europort Avenue, Gibraltar, Tel: +350 20040283, Email: gdgb@fsc.gi. It will repay your eligible deposits (up to €100,000, or currency equivalent) within 20 working days until 31st December 2018; within 15 working days from 1st January 2019 until 31st December 2020; within 10 working days from 1st January 2021 to 31st December 2023, and within 7 working days from 1st January 2024 onwards, save where specific exceptions apply.

Where the GDGB cannot make the repayable amount available within 7 working days, it will, from 1st June 2016 until 31st December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses (in the case of a depositor which is not an individual or a large company) within 5 working days of a request. Again, there are specific exceptions to this obligation.

In the case of a depositor which is a large company, where the Gibraltar Deposit Guarantee Scheme cannot make the repayable amount available within 7 working days, it will, from 3rd July 2015 until 1st December 2016, ensure that you have access to your covered deposits within fifteen working days of a request containing sufficient information to enable it to make a payment, save where specific exceptions apply.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under <http://www.gdgb.gi>

Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your credit institution will also inform you on request whether certain products are covered or not. If deposits are eligible, the credit institution shall also confirm this on the statement of account.

CUSTOMER DECLARATION

Agreement and authorisation.

By signing, you, the individual(s), named in the Bank application:

- (a) Apply to Gibraltar International Bank Limited for banking services and understand that the Bank may decline to provide such services to you;
- (b) Confirm that any details for banking services which you have supplied are true, accurate, and complete;
- (c) Authorise, both when considering the application and at any time in the future that the Bank may make enquires of your credit, identity or fraud status;
- (d) Agree that you accept without reservation the Bank's General Terms and Conditions which can be provided to you in printed form upon request and which are also available online by following the link <http://www.gibintbank.gi/>. There you will find a copy which can be downloaded and saved by you. These Terms and Conditions contain our obligations to you and your obligations to the Bank. By signing this declaration, you confirm that you are aware of the Terms and Conditions, and you agree that these Terms and Conditions will govern the relationship between you and the Bank going forward. By signing this declaration, you will indicate your written agreement to whatever is contained in the Terms and Conditions. You acknowledge that you have also been given a sufficient opportunity to read the Terms and Conditions before you sign this declaration;
- (e) Agree that the Bank reserves the right to change the Terms and Conditions from time to time, provided that the Bank will notify you in writing (that is, by email unless you have instructed us otherwise: see (f) below) and give you an opportunity to acquaint yourself with the proposed amendment. You will be taken to have agreed to the proposed amendment unless you indicate to us by the date specified in the notification that you no longer wish to bank with us once the amendment comes into force, in which case arrangements must be made to settle and close your account;
- (f) Unless you instruct us otherwise, we will correspond with you by email (to an address nominated by you) and accordingly we will notify you by email of any proposed amendments to the Terms and Conditions and send you a link to a website where a copy can be downloaded, saved and/or printed. Where you instruct us that you do not want to receive email communications, we will notify you of any proposed amendments to the Terms and Conditions and/or the Online Banking Terms and Conditions by writing to you at your correspondence address and sending you a copy of the proposed amendments;
- (g) Agree that you will accept any relevant additional Terms and Conditions for any specific products or services which you apply for;
- (h) Agree that the Bank may collect and use the information that you provide to us and as further detailed in the Terms and Conditions;
- (i) Agree that the Bank may keep you informed about its products and services that may be of interest to you and on occasion may include those of third parties. You can choose not to receive such information by ticking this box []
- (j) Agree that the Bank may contact you from time to time to obtain feedback on the services offered by the Bank and the provision of those services to the Bank's customers;

(k) Will keep the Bank informed of any changes in your status and which may impact upon the declaration given herein; and

(l) Acknowledge that the banking relationship will be governed and construed in accordance with the laws of Gibraltar and the court of Gibraltar shall have exclusive jurisdiction over any disputes that may arise. However, the Bank reserves the right to institute proceedings in any jurisdiction including at your place of residence or registered office.

Joint account holders agree:

(a) That the Bank may debit the joint account(s) with cheques and other payment orders authorised by any one of you (or all account holders acting together where you have specifically instructed the Bank to this effect);

(b) That the Bank may supply a single copy of all statements relating to any overdraft on any joint account, unless the account holders instruct the Bank otherwise;

(c) That the Bank can update its records from the information supplied by any of the joint account holders;

(d) That joint account holders are jointly and severally liable for all monies owed to the Bank, and subject to the Bank's General Terms and Conditions.

Signature First Applicant	
Print Name	
Date (DD/MM/YYYY)	

Signature Second Applicant	
Print Name	
Date (DD/MM/YYYY)	

Signature Third Applicant	
Print Name	
Date (DD/MM/YYYY)	

Signature Fourth Applicant	
Print Name	
Date (DD/MM/YYYY)	

Confirming your identity, residential address and source of income/funds

The Bank is required by law to identify all its customers and their source of funds prior to the account application being processed.

A. Evidence of client Identity

The Client can provide a certified true copy of a valid Passport, or National Identity Card.

Persons who can certify an official identity document are:

- Bank official
- An official from a regulated entity with equivalent AML standards to the Bank
- A Consul or embassy official from your consulate or embassy
- A Government official
- An Accountant
- A Lawyer (who is regulated in an FATF country or equivalent by the professional legal regulator (e.g. Solicitors Regulation Authority in the UK)
- Notary Public in Europe, USA or Canada.

*The person who certifies these documents must ensure that the certification statement appears on the page where the photo is on the ID. The statement should read, “**I certify that this is a true copy of the original document and the photograph is a reasonable likeness.**” The certifier will then sign, full name and title, and date the form.*

B. Evidence of residential address

The Client may provide the following documents by way of demonstrating their residential address:

- ID Card
- Bank Statement (not more than six months old)
- Tax letter from Country of Tax Residence (not more than six months old – **this document is not required for Gibraltar tax residents**)
- Utility Bill except for Mobile bills (not more than six months old)

Any certification should read “**True certified copy of the original document.**”

C. Evidence of source of funds

Please provide the last 3 consecutive months of payslips from your employer or the last 3 consecutive months of bank statements where your income is mandated. If you are not a salaried employee please discuss with a member of staff for alternatives.