

# MAVEN VCTS - OFFERS FOR SUBSCRIPTION

## APPLICATION FORM

Before completing this form you should read the Application Form Instructions and Terms and Conditions of Application contained in this Securities Note. **Failure to follow the Application Instructions could result in your application not being accepted.**

**Application Forms can only be sent to the Receiving Agent (Link Group)** and should be posted or hand delivered (together with any cheque or banker's draft) to Link at the address shown at the end of this form.

Definitions used in the Securities Note dated 23 October 2020 apply to this Application Form. The Securities Note, along with the Registration Document and Summary (together the "Prospectus") can be downloaded from: [www.mavencp.com/vctoffer](http://www.mavencp.com/vctoffer) or requested by contacting Maven Capital Partners UK LLP on 0141 306 7400.

Please complete in **BLOCK CAPITALS (one character per box)**

**To be completed by the Applicant** (or by an intermediary if completing the Application on behalf of an Applicant)

### 1. Personal Details

Title: (Mr/Mrs/Miss/Ms/Dr/Other)	
Forename(s):	
Surname(s):	
Address:	
	Post Code:
Daytime Telephone Number*:	
Email*:	
Date of Birth: / /	National Insurance Number:
If you are currently a Shareholder (or the spouse/partner of) in any Maven VCTS, please tick the relevant boxes.	
The Shares are held:	Directly on the register of members <input type="checkbox"/> In a nominee account <input type="checkbox"/> By my spouse/partner <input type="checkbox"/>

\*This must be the email and telephone number that Link should use in the event of any queries in respect of your Application Form, associated documents or application monies.

### 2. Application Details

The Application Amounts you set out below must include the amount of any initial adviser charge agreed with your financial intermediary (who should also enter that amount in Section 10b). Any cheque or bank transfer payment you provide must be for the **Total Application Amounts** set out below. Please note that an Application must be for a minimum aggregate amount of £5,000, and for a minimum of £1,000 in each Company for which you apply. Application Amounts must be in multiples of £1 (i.e. whole £ amounts).

I wish to apply under the Offer(s) for the Application Amount(s) shown below, or such lesser amount(s) for which this Application will be accepted (as may be re-allocated in accordance with the instructions set out in Section 3 of this Application Form or otherwise as set out in the Securities Note):

	Tax Year 2020/2021	Tax Year 2021/2022
<b>Maven VCT 1:</b> (including any initial adviser charge)	£ .00	£ .00
<b>Maven VCT 5:</b> (including any initial adviser charge)	£ .00	£ .00
<b>Total Application Amounts</b>	£ .00	£ .00

**3. Re-allocation/Return Instructions**

In the event that an Offer for which I have applied has closed, or is deemed closed, at the time my Application Form is processed, I hereby request the following **(tick one box only)**:

(i) the amount in respect of the closed Offer(s) be re-allocated to the other Offer (in respect of the same tax year), irrespective of whether I have applied for it

OR

(ii) the amount in respect of the closed Offer(s) be returned to me

**Please note – if you fail to tick a box above, option (i) will apply and your Application monies will be re-allocated (in respect of the same tax year) to the VCT that remains open.**

**4. Payment Details – Complete section (i) OR (ii)**

(i) Tick this box if you are enclosing a cheque or banker’s draft, which should be made payable to “**LMS LTD Re: Maven VCT CHEQUE 2020**” and crossed “A/C Payee only”

(ii) Tick this box if you are making a bank transfer to Link Group. Payment should be made to the following account:

**LMS LTD Re: Maven VCT CHAPS – 2020 A/C**  
**Lloyds Bank Plc**  
**Account number: 20719260 / Sort Code: 30-80-12**

By signing this application form you are confirming that funds will be transferred within 48 hours of posting the Application, and that you understand that any delay in providing funds may affect acceptance of the application.

Please provide the following information about the account from which you will transfer funds (your bank should use the payment reference you insert below when making the transfer to Link):

Bank or Building Society:

Account Name:

Account Number:  Sort Code:  -  -

**Reference** (initials and telephone number e.g. JS07210123456):

**5. Nominee/CREST Details (if applicable)**

I request that any New Shares for which my Application is accepted are issued to my nominee through CREST

CREST Participant ID:  CREST Member Account ID:

Participant Name:

Address:

Post Code:  Contact Telephone Number:

Contact Name:

**6. Dividends**

If you wish to receive dividends by cheque, go to Section 7. Otherwise, indicate in sections 6a OR 6b how you wish to receive any dividends (in respect of New Shares and existing Shareholdings) paid following allotment of Shares under the Offers. **If both 6a and 6b are completed, 6b will be taken as your choice**, and account details provided in 6a will not be used until such time as a relevant Dividend Investment Scheme (DIS) in which you have chosen to participate is suspended or withdrawn.

**6a. Dividend Payment Mandate**

By providing this account information I elect to have all dividends from the Companies to which I have applied paid directly into the bank or building society account below. Please provide account details or write “*As Above*” if dividends should be paid to the account detailed at 4(ii) above:

Bank or Building Society:

Account Number:  Sort Code:  -  -

**6b. Dividend Investment Scheme**

By ticking this box I elect to participate in the Dividend Investment Scheme(s) of those Companies to which I have applied, in respect of dividends paid on all of my Offer Shares allotted under the Offer(s) and any existing shareholdings. I confirm that I have read the terms & conditions of those schemes.

**7a. Authority in Relation to Providing Shareholding Information to Financial Intermediaries**

By ticking the box, I HEREBY AUTHORISE the Registrar, Link Market Services, to provide, to the financial intermediary noted in Section 9, upon request following the allotment of my Shares, information regarding my shareholdings (including any existing shares in the Companies to which I have applied). This authority shall remain in effect until I revoke such authority by informing the Registrar in writing (at Link Market Services, The Registry, 34 Beckenham Road, Beckenham, Kent BR3 4TU). This authority extends only to the provision of information regarding my shareholding, and I understand that my financial intermediary will be unable to instruct any register changes or transactions on my behalf. If you do not tick the box to provide this authority, your intermediary will not be able to request information from the Registrar (and any previous authority provided in respect of shareholdings in the Companies to which you have applied will be disregarded). For the purposes of processing this Application and reporting on your share allotments, the Receiving Agent will provide information to any intermediary noted on this Application, regardless of whether you have granted the authority referred to above.

**7b. Authority to Provide Shareholding Information to third party platform**

By ticking the box, I hereby authorise the Receiving Agent, Link Group, to provide, to any third party administration platform whose details my intermediary has provided in section 9 below, information regarding the processing or status of my Application under these offers (including acknowledgement of the application and notification of allotment). This authority shall remain in effect only until all shares are allotted in respect of this application.

**7c. Use of Personal Data**

By signing the declaration at Section 8 you confirm that you have read the information on page 79 regarding the use of your data and the requirements of the GDPR, and agree to the use of your personal data by Link, Maven, the Companies to which you have applied and their third party advisers as necessary, to: process your application, including verifying your identity where required under the Money Laundering Regulations 2017; allocate your Shares if your Application is successful; provide information to your financial intermediary (if applicable) regarding the status of your application and share allotments; and provide you with the reports on the Companies that are required by law. The Companies will not share your data with any other party unless they are required to do so by law. Maven may also register you to receive twice-yearly newsletters (by email if you have provided an email address with this Application, otherwise by post), as well as news of portfolio investments and information about future VCT Offers. If you wish to receive this information, please tick this box.

**8. Applicant's Signature and Date** (not required if the Application details above have been completed by an intermediary on the Applicant's behalf, in which case the intermediary must tick the box at the start of section 9)

By signing this form I HEREBY DECLARE THAT I have read the Terms and Conditions of Application set out on pages 65 to 69 of the Securities Note (and as further contained herein) and agree to be bound by them, including providing funds and any evidence of identity or source of funds requested by Link. I understand that this subscription represents a long term investment and have read the risk factors set out in the Securities Note and the full Prospectus, and the Key Information Documents of the Companies for which I am applying.

Signature

Date  /  /

If you wish to apply via an intermediary, you must now forward this application for them to complete and sign sections 9 to 11 below.

**To be completed by a Financial Intermediary (if applicable)**

The remainder of this form should only be completed by a financial intermediary, and **Section 11 must be signed**.

**9. Financial Intermediary Details**

Tick this box if you have completed the Application Form on behalf of the Applicant:

Firm Name:

Firm FCA Number:

Administrator/Contact name\*:

Email\*:

Address:   
  
 Post Code:

Telephone\*:

If details of application processing and share allotments are to be provided to a third party platform, please insert platform details below:

Platform Name:

Platform Email:

\*You should provide the contact name, email and telephone number you wish Link to use in the event of any queries in respect of this Application Form, associated documents or application monies.

**9. Financial Intermediary Details (continued)**

What type of investment is this? (the intermediary named above must tick one of these boxes)

- This is a non-advised investment (execution-only) – please go to Section 10a
- This is an advised investment – please go to Section 10b

**10a. ‘Execution-Only’ Intermediaries**

**Where no financial advice has been provided to the Applicant in respect of the Application, the intermediary must tick this box and specify below the level of any initial commission to be paid to the intermediary** (subject to a maximum amount equal to 3% of the Application Amount):

Amount of initial commission to be paid to the execution-only intermediary	X	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Amount of initial commission to be waived and re-invested for the client	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Total X + Y (must total no more than 3%)	TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

**10b. Financial Advisers**

**If you have provided financial advice to your client in respect of this Application, please tick one of boxes A or B below to confirm whether or not an initial adviser charge is required to be facilitated.**

- A**  My client has agreed to pay my initial adviser charge in respect of this application direct, and there is no requirement for any charge to be facilitated from the Application Amounts in Section 2.
- B**  My client has requested to have such amount as is set out below facilitated to me, from the monies provided with this Application, as an initial adviser charge (the amount of this fee should have been included in the Application Amounts shown in Section 2 and funds provided by your client with the Application).

If Box B has been ticked please indicate below the initial adviser charge as a % of the Application Amount in Section 2 (this must be expressed as a % and not a £ figure, or it will delay the application).

Percentage of Application Amount (subject to a maximum of 4.5%)  .  %

**10c. Payment of Intermediary Initial Commissions and Adviser Charges**

If you wish any initial commissions or adviser charges indicated above to be paid directly to your account by bank transfer, please provide the account details (in the absence of these details, payment will be made by cheque):

Name of Bank:

Account Name:

Account Number:  Sort Code:  -  -

**11. Financial Intermediary’s Signature and Date**

By signing this form I HEREBY DECLARE THAT I have read the Terms and Conditions of Application set out on pages 65 to 69 of the Securities Note (and as further contained herein) and agree to be bound by them. I confirm that: (i) I have the authority to sign this declaration on behalf of the Financial Intermediary; (ii) the amount(s) inserted in Section 10a or 10b above (if applicable) has been agreed with the Applicant named in Section 1; and (iii) where trail commission is being paid in connection with this Application, we will notify Maven and the VCTs if the Applicant ceases to be our client or we subsequently provide advice in respect of this shareholding. Where we have completed the Application Form on behalf of the Applicant, I confirm that the Applicant has given us the authority to do so, and that the Applicant will be providing funds in respect of the Application.

Maven may use the contact details (given in Section 9) for the Financial Intermediary, to send information about its VCT Offers and VCT related news (if you wish to receive this information, please tick the box).

**Signature**  **Date**  /  /

**Position (i.e. capacity to sign on behalf of the financial intermediary)**

**Posting your Application**

Please send the completed Application Form to **Link Group, Corporate Actions, The Registry, 34 Beckenham Road, Beckenham, Kent BR3 4TU**. If you are paying by cheque or banker’s draft, please ensure that it is attached to the Application Form.