APPLICATION FORM

ProVen VCT plc and ProVen Growth and Income VCT plc – Combined Offer for Subscription

Before completing this Application Form you should read the Terms and Conditions of Application and the Application Procedure. The Offer opens on 11 January 2019 and the closing date will be 1.00 pm on 30 April 2019 (unless the Offer is closed earlier).

Please send this Application Form together with your cheque or banker's draft and proof of identity if required, to **ProVen VCTs Share Offer 2018**, **c/o Beringea LLP**, **39 Earlham Street**, **London**, **WC2H 9LT**. Cheques should be made payable to "WCSL ProVen VCTs Offer Client AC" and crossed "A/C Payee only". Alternatively payment may be made by BACS transfer, using your surname and initials as the reference, to MetroBank, Account Name: WCSL ProVen VCTs Offer Client AC, Account No: 31663024, Sort Code: 23-05-80. Please indicate which payment method you are using in Section 2 of the Application Form.

Please complete in block capitals

SECTION 1 - PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/Other)	Surname			
Forename(s) in full				
Date of Birth		National Insurance Numbe	er	
Permanent residential address		E-mail		
remanent residential address		L-IIIdii		
		Telephone (landline)		
Town/City		Telephone (mobile)		
Postcode		Please indicate how y confirmed:	ou would like receipt of yo Post	our Application to be E-mail
Tax Residency				
Please indicate all countries in which the App	plicant is resident for the	e purposes of that country	/s income tax.	
If the Applicant is a US citizen, Green Card ho and include any additional tax residences in t		u must complete and retu	ırn an IRS (Internal Revenu	ue Service) W-9 form
Country of Tax Residency	Tax Identification Nu	ımber (TIN)/(UTR)	No TIN	
Please indicate if you or your spouse or civil partr	ner is an existing shareh	older in one of the followin	g VCTs by ticking one or m	nore of the boxes below:
ProVen VCT plc	ProVen Growth & Ir	ncome VCT plc	ProVen Planned Exit V	CT plc
SECTION 2 – APPLICATION DETAILS				
I offer to subscribe the following amount for Ne articles of association of each Company.		ne Terms and Conditions	of Application set out in th	nis Document and the
The minimum aggregate Investment per l	nvestor is £5,000. Ap	plicants may apply to i	nvest in either ProVen	VCT or PGI VCT, or
both. Applicants who wish to invest in bot	h ProVen VCT and PC	I VCT may apply to inv		
this case the minimum Application amoun			010 and 2010 /2020 as in	diagta d b alaus
l wish my application amount to be allocated be	-			idicated below:
	Tax year 2018/2019)	Tax year 2019/2020	
Proven VCT	£		£	
PGI VCT	£		£	
Total			t	
I ENCLOSE A CHEQUE OR BANKER'S DR MADE PAYABLE TO "WCSL ProVen VCTs		K CLEARING BANK,		
I WILL PAY BY BACS TRANSFER, USING N		IITIAI S AS THE REFER	FNCE TO:	
Bank: MetroBank			CSL ProVen VCTs Offer	Client AC

31663024

Account Number:



Sort Code:

23-05-80

SECTION 3 – RE-ALLOCATION/RETURN INSTRUCTIONS

In the event that an Offer for which I have applied has clo	osed, or is deemed closed, at the time r	ny Application Form is processed, then I he	reby
request the following (tick one box only):			

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

Please note - if you fail to tick a box above, or if you tick both boxes, 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.

SECTION 4 – NOMINEE/CREST DETAILS

request that any New Ordinary Shares for which my subscription is ac	ccepted are issued to my nominee through CREST.
Participant Name:	CREST Participant ID:
Participant Address:	CREST Member Account ID:
	5/1251 Histings/ / 16664116151
	Contact name for CREST queries:
	Talanhana
	Telephone:
Post Code:	Reference (optional):
SECTION 5 – APPLICATION TYPE	
Please indicate the type of Application you are making by ticking th	e appropriate box:
(i) Advised: You have been advised on this investment by Adviser Charge box below , if applicable, and ensure Sect	
Adviser Charge	·
If you have agreed an Adviser Charge with your Financial Ad	dviser and request that the Company facilitates

(ii) Execution only: This investment is being processed through an Execution Only Broker who is not providing you with advice – please ensure Section 11(b) is completed by your Intermediary.

the payment of that fee, please insert the fee amount in this box. Please note that the number of New

Ordinary Shares issued to you will be reduced by the Adviser Charge. This payment is inclusive of VAT, if

1	

State as either a sum of money

invested in Section 2.

in £ or as a % of the total amount

(iii) **Direct – No Intermediary:** This is a direct investment (ie you are not submitting this application through an Intermediary).

SECTION 6 – SHAREHOLDER COMMUNICATIONS

applicable.

The Company intends to publish future shareholder communications on the ProVen VCTs' website. Shareholders will normally be notified by post each time such information is published. If you would prefer (a) to receive notification by email, or (b) to continue to receive hard copies of shareholder information, please tick the appropriate box below:

(a) I wish to receive email notifications (to email address in Sec	tion 1)
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(1.)	The state of the state of					
(b)	I WISH TO	receive	nara	CODV	snarenoide	r information
(0)	1 441311 60	I C C C I V C	i iui u	COPY	31 lai Ci loiaC	i ii ii Oi i i i dadoi

Please complete only ONE of the following sections 7 and 8

SECTION 7 – DIVIDEND REINVESTMENT SCHEME

Dividends to be reinvested in Ordinary Shares of the Company (OO NOT complete if you wish to receive future dividends in cash)
I confirm that I wish to participate in the Company's dividend reinvest Ordinary Shares in the Companies to which I have applied. By agreeir previously given for the payment of cash dividends directly to my Barremain a participant in the Scheme.	g to participate in the DRIS I agree that any mandate which I have
Signature	Date
SECTION 8 – DIVIDEND MANDATE	
Dividends to be paid into your bank account (DO NOT comple Shares of the Company)	te if you wish future dividends to be reinvested in Ordinary
All dividends on Ordinary Shares in the Company may be paid directly dividends on Ordinary Shares in the Companies to which you have appropriate the mandate instruction form below.	
Dividends paid directly to your account will be paid in cleared funds of statement will identify details of the dividend as well as the dates and	
Please forward until further notice all dividends that may from time to may hereafter stand, in my name in the register of members of the Columbian I understand that if my Application is not accepted in full, the balance bank account listed below.	ompanies to which I have applied to the bank account listed below.
Bank or Building Society reference number and details:	
Account Name	Name of Bank/ Building Society
Account Number	Address of Branch
Sort Code	
Signature	Date
The Company, Registrar and Beringea do not accept responsibility if a	ny details quoted by you are incorrect.
Please note that if you are an existing Shareholder in the Companies your entire shareholding, including shares previously acquired.	to which you have applied, these payment instructions will apply to

SECTION 9 – DATA PROTECTION

By signing the declaration at Section 10 you confirm that you have read the information on page 45 regarding the use of your data and the requirements of the GDPR, and agree to the use of your personal data by Link, Beringea LLP, 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) and provide you with the reports on the Companies and their performance 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.

If you want to receive information about the progress of the Companies and other marketing material relevant to the Companies from Beringea, please tick this box:

If you do not tick the box you will still receive notifications when shareholder communications, such as the Company's annual report, are published on the ProVen VCT's website (or hard copy documents if you have elected to receive these in Section 6).



SECTION 10 - SIGNATURE AND DATE

By signing this form I HEREBY DECLARE THAT:

- (i) I have received the Document dated **11 January 2019** and have read the Terms and Conditions of Application therein and agree to be bound by them;
- (ii) I will be the beneficial owner of the New Ordinary Shares of Proven VCT and/or Proven Growth & Income VCT issued to me under this Offer:
- (iii) I have read and understood the risk factors set out on pages 4 to 6 of this Document;
- (iv) To the best of my knowledge and belief, the personal details I have given are correct; and
- (v) I consent for the Receiving Agent to undertake a search with SmartCredit Limited (SmartSearch) for the purpose of verifying my identity. To do so SmartSearch may check the details I have supplied against any particulars on any database at a Credit Reference Agency (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. I agree that a record of the search will be retained for as long as necessary to fulfil the Receiving Agent's legal obligations under the Money Laundering Regulations.

If this form is completed and signed by an authorised financial intermediary or any other person apart from the Investor:

By signing this form on behalf of the individual whose details are shown above, I make a declaration (on behalf of such individual) on the terms of sub-paragraphs (i) to (v) above and attach the power of attorney under which I have authority to sign on behalf of such individual.

Signature	Date	
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SECTION 11 – FINANCIAL INTERMEDIARIES

$\label{thm:completion} \textbf{For completion by authorised financial intermediaries only}$

Chelsea Fina							Name of Contact		
	ncial S	ervic	es						
Address							FCA Number		
St James H	lall						114493		
Moore Park	Road	t					Telephone		
City							E-mail		
London									
Postcode									
S W 6 2	. J S	3							
Please confirm hov	v you wol	uld like	receip	t of you	r client	's Application	to be confirmed	Post	E-mail
Please complete ei	ither (a) o	(b) be	low:						(/
(a) The firm na	amed aho	VA is a	Financ	rial Advis	ser whi	ch has agree	d the Adviser Charge	specified in Section 5(i) wi	th the Applicant
						, and the second	, and the second se		
(b) The firm na	amed abo	ve is a	n Execi	ution Or	nly Brok	ker which is p	ermitted to receive co	ommission in respect of th	nis Application.
The preferred co	ommissio	on stri	ıcture	to be	compl	eted by the	Execution Only Bro	ker)	Up to 2.5%
							additional New Ordina		(plus trail)
Commission to be	waived a	nd inve	ested ii	n additio	onal Ne	ew Ordinary S	hares for your client		2.5%
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