

Application Form - Private Investors

FORESIGHT 4 VCT PLC (THE COMPANY) - OFFER SHARES OF 1P EACH IN THE COMPANY

This Application Form should be completed in full and sent by post or by hand addressed to **"Foresight 4 VCT Offer", The City Partnership (UK) Limited, 110 George Street, Edinburgh, EH2 4LH** so as to arrive as soon as possible but in any case no later than 12.00 noon on 5 April 2018 in respect of Applications for the 2017/18 tax year and 12.00 noon on 30 April 2018 in respect of Applications for the 2018/19 tax year. Cheques should be enclosed with the Application Form made payable to 'The City Partnership - Foresight 4 VCT'.

Before completing this Application Form you should read the prospectus dated 19 May 2017 ("Prospectus"), in particular the risk factors on pages 14 to 17, the terms of the Offer in Part II on pages 34 to 36, the Terms and Conditions of Application on pages 96 to 100 and the Application Procedures on pages 101 and 102. Definitions used in the Prospectus apply herein.

CHEQUES Make payable to 'The City Partnership - Foresight 4 VCT (Note: Cheques drawn on corporate accounts cannot be accepted)

BANK Sort code: 80-22-60 Account no: 16094563 Bank: Bank of Scotland

TRANSFERS BIC: BOFSGBS1SDP IBAN: GB02BOFS80226016094563

The Offer will open on 19 May 2017 and will be closed at 12.00 noon on 30 April 2018 (or earlier if the Offer is fully subscribed or otherwise at the Board's discretion). The Board reserves the right to extend the Offer.

Please note that the number of Offer Shares to be allotted to a successful Applicant will be determined by applying the Pricing formula set out on page 36 of the Prospectus. The applicable net asset value for the Pricing formula will be the latest net asset value published by the Company at the time of allotment.

Foresight Group (on behalf of the Company) will decide, in its absolute discretion, to accept or reject the Application and will notify you of its decision.

If you do not receive an acknowledgement of your Application within ten days of sending it to The City Partnership, please contact Foresight Group on 020 3667 8159.

SECTION 1: PERSONAL DETAILS

TITLE: MR/MRS/MISS/MS/DR/OTHER:	DATE OF BIRTH:
FORENAMES:	NATIONAL INSURANCE NO (mandatory):
SURNAME:	
ADDRESS:	EMAIL:
	TEL NO (DAY):
	TEL NO (EVENING):
POSTCODE:	<input type="checkbox"/> I AM AN EXISTING SHAREHOLDER IN A FORESIGHT VCT
IF 3 YEARS OR LESS THEN PLEASE PROVIDE PREVIOUS ADDRESS:	<input type="checkbox"/> PLEASE TICK THIS BOX IF YOU WOULD LIKE TO RECEIVE STATUTORY INFORMATION FROM THE COMPANY EVEN IF YOUR SHARES ARE TO BE HELD IN A NOMINEE ACCOUNT
POSTCODE:	<input type="checkbox"/> PLEASE TICK THIS BOX IF YOU ARE A US CITIZEN
COUNTRIES WHERE YOU ARE TAX RESIDENT:	IF YOU ARE A US CITIZEN, PLEASE PROVIDE YOUR US TAXPAYER IDENTIFICATION NUMBER (TIN):
	NOTE: Foresight Group may, if necessary, disclose information to HMRC and the IRS in order to satisfy its FATCA obligations.

DIVIDEND PREFERENCES

IF YOU WOULD PREFER YOUR DIVIDENDS TO BE PAID DIRECTLY INTO YOUR ACCOUNT, PLEASE INDICATE YOUR ACCOUNT DETAILS HERE, OTHERWISE YOU WILL BE SENT A CHEQUE:

(Please note your first dividend payment may be made by cheque even if you elect direct payment, due to time scales)

ACCOUNT NAME:	BANK/BUILDING SOCIETY:
SORT CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ACCOUNT NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



SECTION 2: SUBSCRIPTION

I offer to subscribe for the following amount in the Company on the terms and conditions of application as set out in the Prospectus and subject to the Memorandum and Articles of Association of the Company. (Applications must be for a minimum of £3,000 and thereafter in multiples of £1,000).

TOTAL:	TAX YEAR 2017/18:	TAX YEAR 2018/19:
£:		

I enclose a cheque or banker's draft drawn on a UK clearing bank, made payable to "The City Partnership-Foresight 4 VCT" ☐

I have made the above payment by electronic bank transfer which I have referenced using my surname and initials ☐

SECTION 3: TO BE COMPLETED ONLY BY ADVISED RETAIL CLIENT INVESTORS REQUESTING FACILITATION OF UP-FRONT ADVISER CHARGES

AMOUNT* OF THE AGREED UP-FRONT ADVISER FEE *maximum £
4.5%

Please note: You should be entitled to claim income tax relief on your gross investment. The Company will not facilitate on-going Adviser Charges.

SECTION 4: SIGNATURE

SIGNATURE OF APPLICANT:

DATE:

PRINT NAME:

BY SIGNING THIS APPLICATION FORM I HEREBY IRREVOCABLY DECLARE THAT:

- (i) I have read and understood the application procedures contained herein and agree to be bound by the Terms and Conditions of subscription contained on pages 96 to 100 of the Prospectus;
- (ii) if I have completed Section 3, I am declaring and validating to Foresight Group and the Receiving Agent the amount of the facilitation charge(s) specified therein and am agreeing to the making, by the Company, of a facilitation payment of that amount;
- (iii) if my authorised financial intermediary has classified me as an elective Professional Client for the purposes of this Application, I am aware of the risks involved in such classification and of the rights I am giving up and I wish to be treated as a Professional Client in respect of my Application; and
- (iv) to the best of my knowledge and belief, the particulars I have given are correct.



Application Form and Authorised Intermediary Certificate

FORESIGHT 4 VCT PLC (THE COMPANY)

SECTION 5: TO BE COMPLETED BY THE INVESTOR'S FINANCIAL INTERMEDIARY

FIRM NAME: Hargreaves Lansdown Asset Management	EMAIL: ella.sibthorpe@hl.co.uk
INVESTMENT ADVISER/PARTNER:	ADVISER'S EMAIL:
MAIN POINT OF CONTACT FOR COMMUNICATION PURPOSES: Ella Sibthorpe	TEL NO (DAY): 0117 900 9000
	TEL NO (EVENING):
ADDRESS: 1 College Square South	FAX:
Anchor Road	FIRM FCA REGISTRATION NO: 115248
Bristol	PARTNER/ADVISED FCA REGISTRATION NO:
POSTCODE: BS1 5HL	ADVISED/PARTNER REFERENCE (if applicable):
	DATE:
SIGNATURE:	

SECTION 6: INTERMEDIARY REMUNERATION (YOU MUST ELECT ONE OF THE TWO OPTIONS)

Please tick either Option 1 or Option 2 and ensure that this is consistent with section 3 of the Application Form

**OPTION 1: TICK THIS BOX IF YOU HAVE PROVIDED ADVICE TO YOUR CLIENT
AND ANY AGREED UP-FRONT ADVISER CHARGES COMPLY WITH COBS 6.1A**

☐

If you have ticked Option 1 go directly to Section 8

**OPTION 2: TICK THIS BOX IF YOU ARE ENTITLED TO RECEIVE COMMISSION
(PLEASE READ NOTE BELOW)**

☐

**IF YOU HAVE TICKED OPTION 2 PLEASE WRITE IN THE REASON HERE AND
COMPLETE SECTION 8 BELOW**

Note: Post Retail Distribution Review (RDR), only advisers with investors who are categorised as "professional" under FCA Rules or certain execution only intermediaries remain entitled to receive commission. Post the FCA Policy Statement 13/1, platforms may no longer receive commission whether they follow an advised or an execution only model.



SECTION 7: COMMISSION WAIVER DETAILS (ONLY COMPLETE IF COMMISSION SELECTED IN SECTION 6)

INITIAL COMMISSION WAIVED* WILL BE INVESTED IN FORESIGHT 4 VCT PLC FOR YOUR CLIENT. PLEASE INSERT THE AMOUNT OF COMMISSION YOU WISH TO BE WAIVED IN THE BOX. *maximum 3%

%

SECTION 8: INTERMEDIARY'S BANK DETAILS

PLEASE PROVIDE DETAILS OF YOUR BANK OR BUILDING SOCIETY ACCOUNT FOR ADVISER CHARGES OR COMMISSION (AS APPLICABLE)

ACCOUNT NAME:

BANK/BUILDING SOCIETY:

SORT CODE:

ACCOUNT NUMBER:

SECTION 9: AUTHORISED INTERMEDIARY CERTIFICATE TO BE COMPLETED BY THE INVESTOR'S FINANCIAL INTERMEDIARY

We, the authorised intermediary identified in Section 5 above, have applied customer due diligence measures on a risk-sensitive basis in respect of the investor to the standard required by the Money Laundering Regulations 2007 within the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group. In the event that the beneficial owner is not the investor named in section 1 above, we certify that we have identified that the beneficial owner is:

NAME:

BY SUBMITTING THIS APPLICATION FORM:

- i. to the extent I am an Appointed Representative, I warrant and represent that my principal has also accepted the Foresight Group's Terms of Business for Intermediaries; and
- ii. I make the above confirmation regarding the customer due diligence.

SPECIAL INSTRUCTIONS

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