

Application form - Private Investors

FORESIGHT VCT PLC (the Company)

Ordinary shares of 1p each in the Company (Offer Shares)

This Application Form should be completed in full and sent by post or by hand addressed to:

'Foresight 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 3 April 2020 in respect of Applications for the 2019/2020 tax year and 12.00 noon on 30 April 2020 in respect of Applications for the 2020/2021 tax year.

Cheques should be enclosed with the Application Form unless Application monies have been sent by bank transfer.

Before completing this Application Form you should read the prospectus issued by the Company on 28 January 2020 (Prospectus), in particular the risk factors on pages 8 to 9, the terms of the Offer in Part III on pages 43 to 45, the Terms and Conditions of Application on pages 71 to 76 and the Application Procedures on pages 77 to 80. Definitions used in the Prospectus apply herein.

If you do not receive an acknowledgement of your Application within ten days of sending it to The City Partnership, please contact the Promoter on 020 3667 8181.

Please note all fields marked with an asterisk are mandatory where applicable.

CHEQUES

Make payable to 'The City Partnership – Foresight VCT'. (Note: Cheques drawn on corporate accounts will not, unless otherwise agreed, be accepted)

BANK TRANSFERS

Sort code: 80-22-60 BIC: BOFSGB33SDP
Account no: 20060465 IBAN: GB15BOFS80226020060465
Bank: Bank of Scotland

Please use your surname, initials and postcode as the payment reference.

The Offer will open on 28 January 2020 and will be closed at 12.00 noon on 30 April 2020 (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 44 of the Prospectus. The applicable net asset value for the Pricing Formula will be the latest net asset value published by the Company on the day of allotment, adjusted for dividends declared and for which the record date for payment has passed at the time of allotment.

The Promoter (on behalf of the Company) will decide, in its absolute discretion, to accept or reject the Application and you will be notified of the decision.

SECTION 1: PERSONAL DETAILS (Mandatory)

Title*:

Forenames*:

Surname*:

Address*:

Postcode*:

If 3 years or less then please provide previous address*:

☐ Please tick this box if you are resident for tax purposes in any jurisdiction other than the UK

Where applicable, please provide confirmation of the non-UK jurisdictions in which you are resident for tax purposes, along with your corresponding tax payer identification number (TIN) or equivalent:

Country:

TIN/Equivalent:

Country:

TIN/Equivalent:

Date Of Birth*:

National Insurance No*:

Email:

Tel No (Day):

Tel No (Evening):

☐ Please tick this box if you are an existing shareholder in any of the Foresight VCTs

If you would like to add a designated contact to your account who can obtain information about your holding on your behalf (other than your financial intermediary), please complete their details below.

Designated Contact Full Name:

Relationship:

Residential Address:

Postcode:

Tel No:

Email:

Designated Contact Signature:

Please note that completion of this section allows a designated contact to obtain information only about your shareholding. No changes can be made to the account, nor can the designated contact deal in your shares on your behalf.

NOTE: The Company, Foresight Group LLP, the Receiving Agent and the Promoter may, if necessary, disclose information to HMRC and the IRS in order to satisfy FATCA and/or CRS obligations.



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SECTION 2: SUBSCRIPTION (mandatory)

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 (in aggregate across the tax years) for a minimum of £3,000 and thereafter in multiples of £1,000. Amounts should include any up-front adviser charges to be facilitated if relevant.

Total*:	Tax year 2019/2020*:	Tax year 2020/2021*:
£:	£:	£:

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

☐

OR

I have made the above payment by electronic bank transfer which I have referenced using my initials and telephone number (number entered with no gaps)

☐

AND

Please tick this box to confirm that your subscription payment has been made from an account in your name*.

☐

OR

Please tick this box if your subscription payment has been made from an account other than in your own name*:

☐

Please state below the name, residential address and date of birth of the person from whose account the payment is being made and your relationship to such person*:

(please note that additional information may be requested in such instances.)

SECTION 3: CREST/NOMINEE DETAILS

Please complete this section if Offer Shares are to be deposited in a CREST account (which must be in the same name as the Applicant given in Section 1).

CREST Participant ID:	CREST Member Account ID:
Participant Name:	Reference (optional):
Participant Address:	Telephone:
Postcode:	Contact:

If you would like your Offer Shares issued to a CREST or non-CREST nominee, please complete the above providing equivalent details for the nominee.

SECTION 4: COMMUNICATION

The Company provides Shareholders with the opportunity to receive notification by electronic communication when Company documentation is published on the Company website. Please tick this box if you would like to receive such notifications in place of receiving documents by post. **Your email address must be provided in Section 1.** By ticking this box you confirm acceptance of Computershare Investor Services plc's eComms terms and conditions (which are available at <http://www.computershare.com/uk/investor/termsandconditions>)

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If you have requested that your Offer Shares be issued directly to a nominee, please tick this box if you would like to receive notification by email when Company documentation is published on the Company website.

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Application form - Authorised Financial Intermediary Certificate

FORESIGHT VCT PLC (the Company)

SECTION 5: DIVIDENDS (mandatory unless you elect to participate in the Dividend Reinvestment Scheme or have requested that your Offer Shares be issued into CREST)

Dividends will be paid directly into your account. Please complete your account details here, otherwise there may be a delay in the payment of dividends to you:

Account Name*:

Bank/Building Society*:

Sort code*:

Account Number*:

Postcode*:

SECTION 6: DIVIDEND REINVESTMENT SCHEME (if you would like your cash dividends reinvested)

Investors may elect to participate in the Dividend Reinvestment Scheme, which will see their annual dividends used to acquire additional shares in the Company to increase their shareholding rather than paid out in cash. Full details and the terms and conditions relating to the Scheme are available at www.foresightvct.com.

If you would like to participate in the Dividend Reinvestment Scheme, please tick this box. By ticking this box you agree to be bound by such terms and conditions.

☐

SECTION 7: DIRECT OR INTERMEDIARY APPLICATIONS*

Please tick one of the below:

ADVISED INVESTMENT

☐ This is an advised investment with or without an initial adviser charge.

(Please fill out the remainder of Section 7 if facilitation of initial adviser charges is requested, sign Section 8 and ask your financial intermediary to complete Sections 9 to 13)

NON-ADVISED INVESTMENT

☐ This is a non-advised investment through a financial intermediary and I have not received any financial advice.

(The remainder of Section 7 does not need to be completed. Please sign Section 8 and ask your financial intermediary to complete Sections 9 to 13)

DIRECT INVESTMENT

☐ This is a direct investment with no financial intermediary involved.

(Please simply sign Section 8 and leave all other remaining Sections blank.)

To be completed only by advised investors requesting facilitation of initial adviser charges

Amount of agreed initial adviser charge to be facilitated (maximum 4.5% of the total Application amount in Section 2):

£: _____ or % _____

Please note: You should be entitled to claim income tax relief on your gross investment. The Company will not facilitate ongoing adviser charges.

SECTION 8: SIGNATURE (mandatory)

SIGNATURE OF APPLICANT

Print name*:

Date*:

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 in pages 71 to 76 of the Prospectus;
- (ii) if I have completed Section 7, I am declaring and validating to the Company, the Promoter, the Receiving Agent and the Manager the amount of the facilitation charge(s) specified therein and am agreeing to the making 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.

The Company, Foresight Group LLP and the Receiving Agent respect your privacy and are committed to protecting your personal information. If you would like to find out more about how the Company, Foresight Group LLP and the Receiving Agent use and look after your personal information, please refer to their privacy notices, which can be found at www.foresightgroup.eu/privacy-cookies/ and www.city.uk.com/privacy.html



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SECTIONS 9 TO 13 TO BE COMPLETED BY THE INVESTOR'S FINANCIAL INTERMEDIARY (to be completed for every investor except for those ticking the 'Direct Investment' box in Section 7 above)

SECTION 9: FINANCIAL INTERMEDIARY DETAILS

Firm Name*:	Email (for communication)*:
Investment Adviser/Partner*:	Adviser's Email (if different)*:
Main point of contact for communication purposes*:	Tel No (Day)*:
	Tel No (Evening)*:
	Fax:
Address*:	Firm FCA Registration No*:
	Partner/Adviser FCA Registration No*:
	Adviser/Partner reference (if applicable)*:
Postcode*:	Finance department email (for issuance office statements):
SIGNATURE:	Date:

SECTION 10: FINANCIAL 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 9.)

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 the 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 11: COMMISSION WAIVER DETAILS (only complete if commission selected in section 10)

Initial commission (3% of the Application amount stated in Section 2) may be waived (in whole or part) for the benefit of your client. Please insert the amount of commission you wish to be waived in the box (up to 3%). %

SECTION 12: INTERMEDIARY'S BANK DETAILS (mandatory where any intermediary charges or commissions are payable)

Please provide details of your bank or building society account for the payment of adviser charges or commission (as applicable)

Account Name*:	Bank/Building Society*:
Sort code*: <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"/>

Application form - **Authorised Financial Intermediary Certificate**

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SECTION 13: AUTHORISED FINANCIAL INTERMEDIARY CERTIFICATE to be completed by the investor's financial intermediary

We, the authorised financial intermediary identified in Section 9 above, confirm that we have applied customer due diligence measures on a risk-sensitive basis in respect of the applicant 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 and that in the event that any one or more of the Company, the Promoter, the Receiving Agent and the Manager require additional information in order to accept the subscription, we will provide it to them within two business days of receiving their request or, if we don't have the information required, arrange for the information to be provided to them.

We, the authorised financial intermediary identified in Section 9 above, further confirm that, where we have provided advice to the applicant in connection with an investment in the Company, such investment is considered to be a suitable investment for the applicant in their current circumstances.

BY SIGNING AND SUBMITTING THIS APPLICATION FORM:

- i. We confirm that our details included in this Application Form are true and accurate;
- ii. We make the above confirmation regarding the customer due diligence and, where relevant the above confirmation regarding suitability of the investment;
- iii. We confirm our acceptance of The Foresight Group's Terms and Conditions for Financial Intermediaries (which can be accessed at www.foresightgroup.eu/retail-investors/vct); and
- iv. We undertake to forthwith notify the Company and/or the Promoter if any changes to our details provided above and/or if the applicant ceases to be our client in respect of his or her investment in the Company.

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SPECIAL INSTRUCTIONS

