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 Numb	ar l		
Permanent residential address		E-mail			
		Telephone (landline)			
Town/City		Telephone (mobile)			
Postcode		Please indicate how you would like receipt of your Application to be confirmed: Post E-mail			
Tax Residency					
Please indicate all countries in which the Ap	plicant is resident for th	e purposes of that countr	/'s income tax.		
If the Applicant is a US citizen, Green Card h and include any additional tax residences in		u must complete and retu	ırn an IRS (Internal Revenue Service) W-	9 form	
Country of Tax Residency	Tax Identification N	umber (TIN)/(UTR)	No TIN		
Please indicate if you or your spouse or civil par	tner is an existing shareh	older in one of the followir	g VCTs by ticking one or more of the box	xes below	
ProVen VCT plc	ProVen Growth & I	ncome VCT plc	ProVen Planned Exit VCT plc		
SECTION 2 — APPLICATION DETAIL	<u> </u>				
offer to subscribe the following amount for N		the Terms and Conditions	of Application set out in this Document	and the	
articles of association of each Company.					
The minimum aggregate Investment per					
both. Applicants who wish to invest in bo this case the minimum Application amou			est different amounts in each VCT	but in	
I wish my application amount to be allocated b			019 and 2019/2020 as indicated belov	V:	
	Tax year 2018/201	9	Tax year 2019/2020		
Proven VCT	£		£		
PGI VCT	£		£		
Total	£		£		
I ENCLOSE A CHEQUE OR BANKER'S D	RAFT DRAWN ON A U	K CLEARING BANK			
MADE PAYABLE TO "WCSL ProVen VCTs					
I WILL PAY BY BACS TRANSFER, USING	MY SURNAME AND II	NITIALS AS THE REFER	ENCE, TO:		
Bank: MetroBank			CSL ProVen VCTs Offer Client AC		



SECTION 3 - RE-ALLOCATION/RETURN INSTRUCTIONS

In the event that an Offer for which I have applied I	nas closed, or is deemed closed,	, at the time my Application	Form is processed, then I h	ereby
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

I request that any New Ordinary Shares for which my subscription is a	accepted are issued to my nominee through CREST.
Participant Name:	CREST Participant ID:
Participant Address:	CREST Member Account ID:
	Contact name for CREST queries:
	Telephone:
Post Code:	Reference (optional):
SECTION 5 – APPLICATION TYPE	
Please indicate the type of Application you are making by ticking t	he appropriate box:
(i) Advised: You have been advised on this investment by	y a Financial Adviser – please complete the
Adviser Charge box below, if applicable, and ensure Sec	
Adviser Charge	·

(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.

If you have agreed an Adviser Charge with your Financial Adviser and request that the Company facilitates 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

State as either a sum of money in £ or as a % of the total amount

invested in Section 2

(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 S	Section 1)
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(b) I wish to receive hard copy shareholder information

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 (I	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 agreein previously given for the payment of cash dividends directly to my Ban remain 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 complete 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 ap complete the mandate instruction form below.	
Dividends paid directly to your account will be paid in cleared funds or 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 Columbers and that if my Application is not accepted in full, the balance bank account listed below.	mpanies 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 to your entire shareholding, including shares previously acquired.	o 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	

SECTION 11 – FINANCIAL INTERMEDIARIES

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

Name of Firm								Name of Contact		
Hargreaves L	.ansd	own A	\sse	t Ma	nag	gem	ent			
Address								FCA Number		
One College	e Sq	luare	Soi	uth				115248		
Anchor Roa	ad							Telephone		
City								E-mail		
Bristol										
Postcode										
B S 1 5	Н	L								
Please confirm hov	v you w	ould like	e recei	pt of y	your c	client	's Applicati	on to be confirmed	Post	E-mail
Please complete ei	ther (a)	or (b) be	elow:							(/)
				_: 1 ^	J		-1- 1-		:61: 6 50	
(a) The firm na	imed a	DOVE IS a	a Finar	ncial A	dvise	erwhi	cn has agr	eed the Adviser Charge	specified in Section 5(i) wi	tn tne Applicant.
(b) The firm na	amed a	bove is a	an Exe	cution	n Only	y Brol	ker which i	s permitted to receive c	ommission in respect of th	nis Application.
T1 6 1	•			- (1 - 1						11 . 2 50/
								ne Execution Only Bro in additional New Ordin		Up to 2.5% (plus trail)
Commission to be	waived	d and inv	/ested	in add	dition	nal Ne	ew Ordinar	y Shares for your client		2.5%
The Company inter Intermediaries' ban						_			VAT) and commission by d	lirect transfer to
Please provide you	r bank (detai l s b	elow.							
Account Name	Har	greav	es L	.ans	dov	wn /	A.M	Name of Bank/ Building Society	Lloyds TSB	
Account Number	0	0 9	4	3	6	6	7	Address of Branch		
						U				
Sort Code	3	0 9	2	1	3					
The Company, Reg	istrar ar	nd Berin	gea do	o not a	accep	ot res	ponsibility	if any details quoted by	you are incorrect.	
									uired by the Money Launc	
									ing Steering Group and att nt, or (ii) copies of the docu	
								factory to the Receiving		
Signature of Autho	rised In	itermedi	ary						Date	

