

BLACKFINCH SPRING VCT APPLICATION FORM



APPLICATION PROCEDURES

PLEASE SUBMIT ORIGINAL APPLICATION FORM TO:

Blackfinch Investments Limited 1350-1360 Montpellier Court, Gloucester Business Park, Gloucester, GL3 4AH

PLEASE NOTE

- All forms submitted to Blackfinch Investments Limited must carry original signatures.
- We are unable to accept any liability for any cheques or other documents dispatched by post. Such items will be at the risk of the Applicant.
- Due completion of the Application Form constitutes a warranty that any monies forwarded by the Applicant will be honoured on first presentation.

CHEQUES/TRANSFERS

- Cheques should be made payable to 'Blackfinch Spring VCT'.
- CHAPS/BACS/Fast Pay transfers should be remitted after we receive the Application and after completion of verification of identity checks.

ACCOUNT NAME: BLACKFINCH SPRING VCT

ACCOUNT NUMBER: 36111360

SORT CODE: 30-95-41

- Transfers should be referenced with the Applicants surname, initial and postcode.
- Monies will only be accepted from the Applicant's bank account. If Blackfinch Investments Limited is unable to identify the Applicant's identity in respect of the remittance or if the payment is from a bank outside the UK/EEA, the remittance may be returned to the remitting bank minus any charges arising from the return of funds.
- Please note: The deadline for receipt of applications and next allotment dates can be found on our website at www.blackfinch.com/ventures/springvct. The deadline for receipt of applications is subject to the Offer not being fully subscribed by an earlier date.

CHECKLIST

BEF	ORE SUBMITTING THIS APPLICATION FORM PLEASE CONFIRM THE FOLLOWING.
The	words and expressions used in this Application Form shall have the meanings ascribed to them in the Blackfinch
Sprin	g VCT Prospectus.
THE A	APPLICANT HAS:
	Completed sections 1 and 2 of this form.
	Read and signed the declaration in Section 3.
	Read and understood the Blackfinch Spring VCT Prospectus, Key Information Document (KID) and Terms & Conditions of the Offer.
THE F	INANCIAL ADVISER / INTERMEDIARY
	Completed and signed Section 4 of this form.
	Completed the 'Verification of Identity Confirmation' (Section 5 of this form).
POWI	ER OF ATTORNEY & TRUSTEE APPLICATIONS:
	The Power of Attorney or Trustee has completed and signed the application requirements on behalf of the Applicant (Applicant Checklist).
	The Power of Attorney or Trustee has supplied:
	• An original certified copy of the Power of Attorney or Trust Deed.
PAYM	ENT OF INVESTMENT FUNDS:
You I	nave either:
\bigcirc	Enclosed a cheque payable to 'Blackfinch Spring VCT.'
	or
\bigcirc	Intend to transfer the investment amount after sending in the application and completing verification of identity checks

SECTION 1

APPLICANT INFORMATION TO BE COMPLETED BY THE APPLICANT

The words and expressions used in this Application Form shall have the meanings ascribed to them in the Blackfinch Spring VCT Prospectus.

1:1 TITLE	1:2 FORENAME(S)		1:3 SURNAME	
1:4 PERMANENT	RESIDENTIAL ADDRESS			
		POST CO	DDE	
1:5 PREVIOUS AL	DRESS (if not at current address	s for three months)		
		POST CC	DE	
1:6 DATE OF BIR	ТН	1:7 TELEPHONE NUMBER	1:	8 NATIONAL INSURANCE NUMBER

1:9 EMAIL ADDRESS

The Company will communicate with you electronically in respect of your shareholding in the Company. The Articles of Association of the Company provide authority to use electronic means to convey information to Shareholders, including, but not limited to, sending and supplying documents or information to Shareholders by making them available on a website. This means that you will receive notifications by email that information and/or documents are available on the

Please provide your email address below:

Please tick	here if you	would prefer t	o receive hard	copy document

You have the right to opt out of electronic communication at any time and revert to paper format by contacting us on enquiries@blackfinch.com or 01452 717 070.

1:10 ARE YOU INVESTING UNDER POWER OF ATTORNEY OR TRUST

🔵 Yes 🔵 No

(If yes, please confirm how many and enter the names, dates of birth and addresses of all POA/trustees into section 3)

Please note that Blackfinch will need to verify the identity of all attorneys who sign this form and will undertake electronic identification checks to do so.

NOMINEE/CREST

If you wish that any Shares for which your subscription is accepted are issued to your nominee through CREST, please provide details below:

R ACCOUNT/ID
cy and classifications, which may be
RY OTHER THAN THE UK?
YER IDENTIFICATION NUMBER (TIN) WHERE AVAILABLE

INVESTMENT DETAILS

You can choose to invest in the current tax year (2019/20), the next tax year (2020/21), or both. Please indicate the amount(s) in the relevant boxes. The minimum investment is £3,000, there is no maximum investment but the total amount qualifying for tax relief is £200,000 in any one tax year. If your investment is for the 2020/21 tax year, we will hold your investment in cash until the shares are allocated.

1:15 HOW MUCH ARE YOU INVESTING? (MINIMUM INVESTMENT £3,000)

I hereby subscribe to the following amount(s) in Pounds Sterling for new Ordinary Shares at the Offer Price on the terms and conditions of the Offer (before deduction of facilitated initial adviser fees):

2019,	/20		2020/21	TOTAL FUNDS REMITTED
£			f	f
\bigcirc	Cheque	 Bank Tran 	sfer (referenced with Investor surname	initial and postcode)

SOURCE OF FUNDS			
1:16 PLEASE CONFIRM THE SOUI	RCE OF FUNDS FOR INVESTMENT		
Cash savings	Share Transfer	\bigcirc	Other investments
OTHER (PLEASE SPECIFY)			
(Sections 1:17-1:20 fund source	account details must be completed if y	vou have made payme	
	account details must be completed if y		

DIVIDENDS

DIVIDEND PAYMENTS - If you wish to have any dividends paid directly into your bank account please provide details below. If you leave this blank, you will be sent a cheque.

1:21 BANK NAME	1:22 ACCOUNT NAME
	1:14 SODE CODE
1:23 ACCOUNT NUMBER	1:24 SORT CODE

FINANCIAL ADVISER/INTERMEDIARY PAYMENT TO BE COMPLETED BY THE APPLICANT

All fees and charges are outlined in the Prospectus. The Company can also facilitate payments to your financial adviser/ intermediary. If fields are left blank in this section, a 0% fee will apply. Fees should not exceed our standard terms (given in the Blackfinch Spring VCT prospectus), otherwise this Form may be rejected.

2:1 PLEASE CONFIRM FEES PAYABLE TO FINANCIAL ADVISER / INTERMEDIARY?

Please complete either option 1,2 or 3

OPTION ONE

This is a direct investment with no financial adviser or intermediary involved

(Please skip to section 3, you do not need to complete Sections 4 & 5)

OPTION TWO

This is an advised investment with an initial adviser fee and/or ongoing adviser fee

(Please ensure your financial adviser completes section 4 and 5)

Please indicate the level of initial; fee and/or fee charges you have agreed with your financial adviser to be facilitated.

INTIAL FEE TO BE PAID

ONGOING FEE TO BE PAID

(Maximum Available Fee to be facilitated 5%)

(Maximum Available Fee to be paid 0.5%)

OPTION THREE

This is a non-advised investment through an execution-only Intermediary and I have not received financial advice

(Please ensure your execution-only Intermediary completes section 4)

Please indicate the level of initial and/or ongoing commission you have agreed to be paid to your execution-only Intermediary.

INITIAL COMMISSION TO BE PAID

ONGOING COMISSION TO BE PAID

0%

0.65%

(Maximum Available Charge 3%)

(Maximum Available Charge 0.5%)

APPLICANTS DECLARATION TO BE COMPLETED BY THE APPLICANT

By signing this form, I hereby declare that:

- I have read and understood the Blackfinch Spring VCT Prospectus and Key Information Document (KID).
- I have read and understood the Terms & Conditions of the Offer and agree to be bound by them.
- I have provided accurate information, to the best of my knowledge.
- I consent to the Blackfinch fees and charges which are detailed in the Blackfinch Spring VCT Prospectus and Brochure.
- I consent to Blackfinch Investments Limited facilitating my Financial Advisers / Intermediaries fees and charges as set out in section 2.
- I acknowledge that the information contained in this form and information regarding myself and any Reportable Accounts (as defined in the Common Reporting Standards), may be provided to the tax authorities of the country in which this account is maintained and exchanged with the tax authorities of another country or countries in which I may be tax resident pursuant to inter-governmental agreements to exchange financial account information.
- I understand that you may undertake a search with a third-party company for the purpose of verifying my identity and the details I have submitted as part of this application. To do so the third-party companies may verify the details I supply against any particulars on any database (public or otherwise) to which they have access. That you may use my details in the future to assist other companies for verification purposes. A record of the search will be retained.

3:1 SIGNATURE OF APPLICANT

3:2 NAME	3:3 DATE
(Block Capitals)	
3:4 ADDITIONAL INFORMATION	

ADDITIONAL INFORMATION POA/TRUST

3:5.1 NUMBER OF POA/TRUSTEES

3:5.2 POA/TRUSTEES DETAILS

NAME	DOB	ADDRESS

SECTION 4

4:1 NETWORK FIRM NAME	4:2 NETWORK FIRM FCA REFERENCE NUMBER
1:3 FULL NAME OF FINANCIAL ADVISER/INTERMEDIARY	4:4 FULL NAME OF REGULATED FIRM
	Hargreaves Lansdown
:5 FIRM ADDRESS	
One College Square South, Anchor Road, Bristol	
4:6 POSTCODE	4:7 FINANCIAL ADVISER/INTERMEDIARY PARTNER REFERENCE
BS1 5HL	
4:9 FIRMS FCA REFERENCE NUMBER	4:10 TELEPHONE NUMBER
4:9 FIRMS FCA REFERENCE NUMBER 115248	4:10 TELEPHONE NUMBER
115248	4:10 TELEPHONE NUMBER
115248 4:11 EMAIL ADDRESS	
115248 4:11 EMAIL ADDRESS The Company will communicate with you electronically in re The Articles of Association of the Company provide authorit	espect of your clients shareholding in the Company. y to use electronic means to convey information to
115248 4:11 EMAIL ADDRESS The Company will communicate with you electronically in re The Articles of Association of the Company provide authorit you, including, but not limited to, sending and supplying doo	espect of your clients shareholding in the Company. y to use electronic means to convey information to cuments or information by making them available on
115248 4:11 EMAIL ADDRESS The Company will communicate with you electronically in re The Articles of Association of the Company provide authorit you, including, but not limited to, sending and supplying doo a website. This means that you will receive notifications by o	espect of your clients shareholding in the Company. y to use electronic means to convey information to cuments or information by making them available on
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115248 4:11 EMAIL ADDRESS The Company will communicate with you electronically in reaction of the Company provide authorit you, including, but not limited to, sending and supplying doe a website. This means that you will receive notifications by a on the Company's website. Please provide your email address below: Please tick here if you would prefer to receive hard compared to the company compared to the	espect of your clients shareholding in the Company. y to use electronic means to convey information to cuments or information by making them available on email that information and/or documents are available opy documents
115248 4:11 EMAIL ADDRESS The Company will communicate with you electronically in reaction of the Company provide authorit you, including, but not limited to, sending and supplying doe a website. This means that you will receive notifications by a on the Company's website. Please provide your email address below:	espect of your clients shareholding in the Company. y to use electronic means to convey information to cuments or information by making them available on email that information and/or documents are available opy documents

4:12 FINANCIAL ADVICE - THIS MUST MATCH SECTION 2:1 OF THIS APPLICATION FORM

Please note – if you have ticked the "I have provided financial advice" box below, you can charge a fee as in Section 2, but you cannot take execution-only commission as well.

- I have provided financial advice to the applicant, who is not a professional client and any agreed up-front adviser charges comply with COBS 6.1a.
- I have acted in an execution-only capacity in respect of this offer and/or the applicant is a Professional Client

4:13 FINANCIAL ADVISER / INTERMEDIARY CERTIFICATE AND SIGNATURE

By submitting this application form, we, the financial intermediary identified in Section 4:1- 4:10 above confirm that:

- We have read and understood, and agree to be bound by, the Terms and Conditions of Application set out in the Prospectus and as further set out in this Application Form;
- We have applied customer due diligence measures on a risk sensitive basis in respect of the application 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 the Company, the Investment Adviser and/or the Receiving Agent require additional information in order to accept the subscription, we will provide it to them within 2 Business Days of receiving their request, or if we do not have the information required, arrange for the information to be provided to them;
- 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; and
- Our details included in this Application Form are true and accurate.
- We undertake to forthwith notify the Company of 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.

SIGNATURE

FINANCIAL ADVISER / INTERMEDIARY NAME	DATE		
(Block Capitals)			
4:14 FROM TIME TO TIME WE WOULD LIKE TO SEND YOU INFORMATION ON OUR OTHER PRODUCTS AND SERVICES.			
If you would like to receive such information, please t	ick this box.		

SECTION 5

CONFIRMATION OF VERIFICATION OF IDENTITY PRIVATE INDIVIDUAL

Introduction by a FCA regulated firm

5:1 DETAILS OF INDIVIDUAL

FULL NAME

DATE OF BIRTH

CURRENT ADDRESS

POST CODE

PREVIOUS ADDRESS (if not at current address for three months)

POST CODE

5:2 CONFIRMATION

I/WE CONFIRM THAT

- The information in Section 5:1 was obtained by me/us in relation to the customer
- The evidence I/we have obtained to verify the identity of the customer:
- Meets the standard evidence set out within the guidance of the UK Financial Sector issued by JMLSG;
- or

Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

SIGNATURE	DATE
NAME	POSITION
5:3 DETAILS OF INTRODUCING FIRM	
FULL NAME OF REGULATED FIRM	FCA REFERENCE NUMBER