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 27 January 2020 and closes at 5.00 pm on 2 April 2020 for the 2019/2020 Offer and at 1.00 pm on 30 April 2020 for the 2020/2021 Offer (or on any earlier date on which the Offer is fully subscribed), save that the Directors reserve the right to bring forward or extend the closing date of the 2020/2021 Offer to a date no later than 31 December 2020.

Please send this Application Form together with your cheque or banker's draft and proof of identity if required, to **ProVen VCTs Share Offer 2019**, **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, initials and postcode as the reference, to MetroBank, Account Name: WCSL ProVen VCT's Offer Client AC, Account Number: 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	1	National Insurance Numbe	er
Permanent residential address		E-mail	
		Telephone (landline)	
Town/City		Telephone (mobile)	
Doctoodo		Diago indicate house	au would like receipt of your Application to be
Postcode		confirmed:	ou would like receipt of your Application to be Post E-mail
			2
Tax Residency			
Please indicate all countries in which the App			
and include any additional tax residences in t		u must compiete and retu	rn an IRS (Internal Revenue Service) W-9 form
Country of Tax Residency	Tax Identification Nu	umber (TIN)/(UTR)	No TIN
Please indicate if you or your spouse or civil partr	ner is an existing shareho	older in one of the followin	g VCTs by ticking one or more of the boxes below:
ProVen VCT plc	ProVen Growth & Ir	ncome VCT plc	
SECTION 2 – APPLICATION DETAILS			
I offer to subscribe the following amount for Ne	w Ordinary Shares on t	he Terms and Conditions (of Application set out in the Securities Note and
the articles of association of each Company.	mycostonia CE 000 An	unlicanto may anniy ta i	nyest in sither BroVen VCT or BCLVCT or
The minimum aggregate Investment per liboth. Applicants who wish to invest in both			
this case the minimum Application amour	nt in each Company i	s £2,500.	
I wish my application amount to be allocated be	tween the Companies	and the tax years 2019/2	020 and 2020/2021 as indicated below:
	Tax year 2019/202	0	Tax year 2020/2021
Proven VCT	£		£
PGI VCT	£		£
Total	£		£
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	MY SURNAME, INITIA	LS AND POSTCODE AS	THE REFERENCE, TO:
Bank: MetroBank	Ac	count Name: WC	CSL ProVen VCTs Offer Client AC
Sort Code: 23-05-80	Ac	count Number: 31	663024



SECTION 3 - RE-ALLOCATION/RETURN INSTRUCTIONS

n the event that an Offer for which I have applied	d has closed, or is deemed clo	osed, at the time my Ap	pplication Form is processed	d, then I hereby
request the following (tick one box only) :				

(i)	the amount in respect of closed Offer be re-allocated to the other Company's 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.	
(II)	the amount in respect of closed offer as be retained 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 Offer that remains open.

SECTION 4 - NOMINEE/CREST DETAILS

I request that any New Ordinary Shares for which my subscription is 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 the appropriate box: Advised: You have been advised on this investment by a Financial Adviser - please complete the Adviser Charge box below, if applicable, and ensure Section 11(a) is completed by your Intermediary **Adviser Charge** 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 State as either a sum of money Ordinary Shares issued to you will be reduced by the Adviser Charge. This payment is inclusive of VAT, if in £ or as a % of the total amount applicable. invested in Section 2. (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. (iii) **Direct – No Intermediary:** This is a direct investment (ie you are not submitting this application through an Intermediary).

SECTION 6 – SHAREHOLDER COMMUNICATIONS

The Companies intend 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	noti	fications	s (to	email	address	in	Section	1)
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(b)	I wish to	receive	hard	CODV	shareholde	er information
(0)				000,	0110101010	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Please complete only ONE of the following sections 7 and 8

SECTION 7 – DIVIDEND REINVESTMENT SCHEME

documents if you have elected to receive these in Section 6).

Dividends to be re	einvested in Ordinary Shares of the Company	(DO NOT complete if you wish to receive future dividends in cash,
Ordinary Shares in	the Companies to which I have applied. By agreei r the payment of cash dividends directly to my Ba	stment scheme (the "DRIS") for each future dividend paid on all of my ng to participate in the DRIS I agree that any mandate which I have ank or Building Society account shall be suspended for so long as I
Signature		Date
SECTION 8 – DIV	/IDEND MANDATE	
Dividends to be p		ete if you wish future dividends to be reinvested in Ordinary
dividends on Ordin		ly into bank and building society accounts. If you wish all future applied to be paid into your bank or building society account, please
	ectly to your account will be paid in cleared funds tify details of the dividend as well as the dates and	on the dividend payment dates. Your bank or building society d amounts paid.
may hereafter stan	d, in my name in the register of members of the (my Application is not accepted in full, the balance	to time become due on any Ordinary Shares now standing, or which Companies to which I have applied, to the bank account listed below. e of Application monies may also be repaid (without interest) to the
Bank or Building Sc	ociety reference number and details:	
Account Name		Name of Bank/ Building Society
Account Number		Address of Branch
Sort Code		
Signature		Date
The Company Peg	istrar and Beringea do not accept responsibility if	any dotails quoted by you are incorrect
Please note that if		s to which you have applied, these payment instructions will apply to
SECTION 9 — DA	TA PROTECTION	
successful, they wil	,	our Application and to provide ongoing services if your Application is se ensure that you have read the information in Part 7 of the Securities
email or by po notice at https://w	st . You can withdraw your consent to receive	out the Companies please tick the following boxes to receive by e these communications at any time. Please read Beringea's privacy now they process your personal data and how you can withdraw your
		Beringea, or if you withdraw your consent, you will still receive ons are published on the ProVen VCT's website (or hard copy



SECTION 10 - SIGNATURE AND DATE

By signing this form I HEREBY DECLARE THAT:

- (i) I have received the Document dated 27 January 2020 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 5 of this Document;
- (iv) I have read and understood the Woodside Corporate Services Limited Terms and Conditions (which can be downloaded at www.provenvct.co.uk);
- (v) To the best of my knowledge and belief, the personal details I have given are correct;
- (vi) 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 including 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; and
- (vii) I acknowledge that I am aware of the existence of the Key Information Document in the Our Funds section of the following website: www.provenvcts.co.uk.

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 (vii) 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

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

Address FCA Number One College Square South 115248 Telephone Onthe State State St	Name of Firm										Name of Contact				
One College Square South Anchor Road Telephone O117 980 9940 City E-mail Vct.product(Qhl.co.uk Postcode B S 1 5 H L Please complete either (a) or (b) below: (a) The firm named above is a Financial Adviser which has agreed the Adviser Charge specified in Section 50 with the Applicant. (b) The firm named above is an Execution Only Broker which is permitted to receive commission in respect of this Application. ▼ The preferred commission structure (to be completed by the Execution Only Broker) (please state commission percentage to be waked and reinvested in additional New Ordinary Shares) Commission to be waked and invested in additional New Ordinary Shares) The Company intends to make all payments relating to Financial Adviser fees (and related VAT) and commission by direct transfer to intermediaries bank accounts after funds have been released by the Client Account Administrator. Please provide your bank details below. Account Name Hargreaves Lansdown AM Name of Bank/ Building Society Account Number 0 0 9 9 4 3 6 6 7 Address of Branch Sort Code 3 0 9 2 1 3 The Company, Registrar and Beringea do not accept responsibility if any details quoted by you are incorrect. Loorline that I have identified and verified the identity of the Applicant to the standard required by the Money Laundering Regulations within the guidance for the UK Capital Financial Sector issued by the joint Money Laundering Steering Group and attach (0 an original signed "Confirmation of Verification of Identity" in a form acceptable to the Receiving Agent. or 00 copies of the documents used by us for the purpose of verifying the identity of the Applicant, deemed satisfactory to the Receiving Agent. or 00 copies of the documents used by us for the purpose of verifying the identity of the Applicant, deemed satisfactory to the Receiving Agent. or 00 copies of the documents used by us for the purpose of verifying the identity of the Applicant, deemed satisfactory to the Receiving Agent. or 00 copies of the documents used by	Hargreaves L	ansdov	vn												
Telephone O117 980 9940 City E-mail Vot.product(Qhl.co.uk Postcode B S 1 S H L Please complete either (a) or (b) below: (a) The firm named above is a Financial Adviser which has agreed the Adviser Charge specified in Section 5() with the Application. (b) The firm named above is an Execution Only Broker which is permitted to receive commission in respect of this Application. The preferred commission structure (to be completed by the Execution Only Broker) (please state commission percentage to be waived and reinvested in additional New Ordinary Shares) Commission to be waived and invested in additional New Ordinary Shares or your client The Company intends to make all payments relating to Financial Adviser fees (and related VAI) and commission by direct transfer to intermediaries' bank accounts after funds have been released by the Client Account Administrator. Please provide your bank details below. Account Name Hargreaves Lansdown AM Name of Bank/ Building Society Lloyds TSB Building Society Lloyds TSB Building Society The Company, Registrar and Beringea do not accept responsibility if any details quoted by you are incorrect. Leonfirm that I have identified and verified the identity of the Applicant to the standard required by the Money Laundering Regulations within the guidance for the UK Capital Financial Sector issued by the Joint Money Laundering Steps of the documents used by us for the purpose of verifying the identity of the Applicant, deemed satisfactory to the Receiving Agent. or (i) copies of the documents used by us for the purpose of verifying the identity of the Applicant, deemed satisfactory to the Receiving Agent. or (ii) copies of the documents used by us for the purpose of verifying the identity of the Applicant, deemed satisfactory to the Receiving Agent. or (ii) copies of the documents used by us for the purpose of verifying the identity of the Applicant, deemed satisfactory to the Receiving Agent. or (ii) copies of the documents used by us for the purpose of verifying th	Address										FCA Number				
City E-mail Bristol vct.product(Qhl.co.uk Postcode B S 1 5 H L Please confirm how you would like receipt of your client's Application to be confirmed Post E-mail Please comfirm how you would like receipt of your client's Application to be confirmed Post E-mail Please complete either (a) or (b) below: (a) The firm named above is a Financial Adviser which has agreed the Adviser Charge specified in Section 5(0) with the Applicant. (b) The firm named above is an Execution Only Broker which is permitted to receive commission in respect of this Application. The preferred commission structure (to be completed by the Execution Only Broker) (please state commission percentage to be walved and reinvested in additional New Ordinary Shares) (please state commission percentage to be walved and reinvested in additional New Ordinary Shares for your client 2,5% The Company intends to make all payments relating to Financial Adviser fees (and related VAT) and commission by direct transfer to intermediaries baria executints after funds have been released by the Client Account Administrator. Please provide your bank details below. Account Name Hargreaves Lansdown AM Name of Bank/ Building Society Account Number 0 0 9 9 4 3 6 6 7 Address of Branch Sort Code 3 0 9 2 1 1 3 The Company, Registrar and Beringea do not accept responsibility if any details quoted by you are incorrect. I confirm that I have identified and verified the identity of the Applicant to the standard required by the Money Laundering Regulations within the guidance for the UK Capital Financial Sector issued by the joint Money Laundering Sering Group and attach (0) an original signed "Confirmation of Verification of Identity" in a form acceptable to the Receiving Agent. or (ii) copies of the documents used by us for the purpose of verifying the identity of the Applicant, deemed satisfactory to the Receiving Agent. Signature of Authorised Intermediary Date	One College S	Square	Sout	:h							115248				
Bristol vct.product@hl.co.uk Postcode B S 1 5 H L Please confirm how you would like receipt of your client's Application to be confirmed Post E-mail Please comfress would be comfressed by the firm named above is a Financial Adviser which has agreed the Adviser Charge specified in Section 50) with the Applicant. (b) The firm named above is an Execution Only Broker which is permitted to receive commission in respect of this Application. The preferred commission structure (to be completed by the Execution Only Broker) (please state commission percentage to be waived and reinvested in additional New Ordinary Shares) Commission to be waived and invested in additional New Ordinary Shares for your client The Company intends to make all payments relating to Financial Adviser fees (and related VAT) and commission by direct transfer to intermediaries bank accounts after funds have been released by the Client Account Administrator. Please provide your bank details below. Account Name Hargreaves Lansdown AM Name of Bank/ Building Society Account Number 0 0 9 9 4 3 6 6 7 Address of Branch Sort Code 3 0 9 2 1 3 The Company, Registrar and Beringes do not accept responsibility if any details quoted by you are incorrect. Loonfirm that I have identified and verified the identity of the Applicant to the standard required by the Money Laundering Regulations within the guidance for the UK Capital Financial Sector issued by the Joint Money Laundering Steering Group and attach (i) an original signed 'Confirmation of Verification of Identity' in a form acceptable to the Receiving Agent, or (ii) copies of the documents used by us for the purpose of verifying the identity of the Applicant, deemed satisfactory to the Receiving Agent, or (ii) copies of the documents used by us for the purpose of verifying the identity of the Applicant, deemed satisfactory to the Receiving Agent. Signature of Authorised Intermediary The details set out in this Application Form should be checked carefully by the Intermediary as they supersed	Anchor Road										Telephone				
Postcode B S 1 0 5 H L Please confirm how you would like receipt of your client's Application to be confirmed Post E-mail V Please complete either (a) or (b) below: (a) The firm named above is a Financial Adviser which has agreed the Adviser Charge specified in Section 5(i) with the Applicant. (b) The firm named above is an Execution Only Broker which is permitted to receive commission in respect of this Application. The preferred commission structure (to be completed by the Execution Only Broker) (please state commission percentage to be waived and reinvested in additional New Ordinary Shares) (plus trail) Commission to be waived and invested in additional New Ordinary Shares for your client The Company intends to make all payments relating to Financial Adviser fees (and related VAT) and commission by direct transfer to intermediantes' bank accounts after funds have been released by the Client Account Administrator. Please provide your bank details below. Account Name Hargreaves Lansdown AM Name of Bank/ Building Society Account Number 0 0 9 4 3 6 6 7 Address of Branch Sort Code 3 0 9 2 1 3 The Company, Registrar and Beringea do not accept responsibility if any details quoted by you are incorrect. Lonfirm that I have identified and verified the identity of the Applicant to the standard required by the Money Laundering Regulations within the guidance for the UK Capital Financial Sector issued by the Joint Money Laundering Steering Group and attach (0 an original signed "Confirmation of Verification of Identity" in a form acceptable to the Receiving Agent, or (ii) copies of the documents used by us for the purpose of verifying the identity of the Applicant, deemed satisfactory to the Receiving Agent. The details set out in this Application Form should be checked carefully by the Intermediary as they supersede details given											0117 980 99	40			
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Please confirm how you would like receipt of your client's Application to be confirmed Post E-mail Please complete either (a) or (b) below: (7) Please complete either (a) or (b) below: (8) The firm named above is a Financial Adviser which has agreed the Adviser Charge specified in Section 500 with the Applicant. (b) The firm named above is an Execution Only Broker which is permitted to receive commission in respect of this Application. The preferred commission structure (to be completed by the Execution Only Broker) (please state commission percentage to be waived and reinvested in additional New Ordinary Shares) Commission to be waived and invested in additional New Ordinary Shares for your client 2.5% The Company intends to make all payments relating to Financial Adviser fees (and related VAT) and commission by direct transfer to Intermedianies' bank accounts after funds have been released by the Client Account Administrator. Please provide your bank details below. Account Name Hargreaves Lansdown AM Name of Bank/ Building Society Lloyds TSB Account Number O O O O O O O O O O O O O O O O O O	Bristol										vct.product@	hl.co.uk			
Please confirm how you would like receipt of your client's Application to be confirmed Post E-mail Please complete either (a) or (b) below. (7) (a) The firm named above is a Financial Adviser which has agreed the Adviser Charge specified in Section 5(i) with the Applicant. (b) The firm named above is an Execution Only Broker which is permitted to receive commission in respect of this Application. The preferred commission structure (to be completed by the Execution Only Broker) (please state commission percentage to be waived and reinvested in additional New Ordinary Shares) (please state commission to be waived and invested in additional New Ordinary Shares) (please state commission by direct transfer to Intermedianies' bank accounts after funds have been released by the Client Account Administrator. Please provide your bank details below. Account Name Hargreaves Lansdown AM Name of Bank/ Building Society Lloyds TSB Account Number 0 0 9 4 3 6 6 7 Address of Branch Sort Code 3 0 9 2 1 3 The Company, Registrar and Beringea do not accept responsibility if any details quoted by you are incorrect. I confirm that I have identified and verified the identity of the Applicant to the standard required by the Money Laundering Regulations within the guidance for the UK Capital Financial Sector issued by the Joint Money Laundering Steering Group and attach (0) an original signed "Confirmation of Verification of Identity" in a form acceptable to the Receiving Agent. Signature of Authorised Intermediany Date The details set out in this Application Form should be checked carefully by the Intermediary as they supersede details given	Postcode														
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