

MAVEN VCTS – OFFERS FOR SUBSCRIPTION

APPLICATION FORM

Before completing this Application Form you should read the Application Procedure and Terms and Conditions of Application contained in this Securities Note, which contain important information about completion of the Application Form, the payment of funds and any proof of source of funds that may need to be provided with the Application.

Failure to follow the Application Procedure could result in an application not being accepted. The completed Application Form (together with any cheque or banker's draft) should be posted or hand delivered (business hours only) to the address at the end of this form.

Definitions used in the Securities Note dated 26 September 2018 ("Securities Note") apply to this Application Form. The Securities Note, together with the Registration Document and Summary (together the "Prospectus") can be downloaded from: www.mavencp.com/vctoffer or requested by contacting Maven Capital Partners UK LLP on 0141 306 7400.

Please complete in BLOCK CAPITALS (one character per box)

To be completed by the Applicant (or by an intermediary if completing on behalf of an Applicant)

1. Personal Details

Title: (Mr/Mrs/Miss/Ms/Dr/Other)	
Forename(s):	
Surname(s):	
Address:	
	Post Code:
Daytime Telephone Number*:	
Email*:	
Date of Birth: / /	National Insurance Number:
If you are an Existing Shareholder, please tick one of the boxes. My Shares are held: Directly on the register of members ☐ In a nominee account ☐	

*PLEASE NOTE – you should provide the contact email and telephone number you wish the receiving agent Link to use in the event of any queries in respect of your Application Form, associated documents or application monies.

2. Application Details

The amounts you set out below must include the amount of any initial adviser charge set out in Section 10b of this Application Form, and any cheque or bank transfer payment you provide must be for the total amounts set out below. Please note that Applications must be for a minimum aggregate amount of £5,000 (and thereafter in multiples of £1 i.e. whole £ amounts), and for a minimum of £1,000 in each Company for which you apply.

I wish to apply under the Offer(s) for the amount(s) shown below, or such lesser amount(s) for which this Application will be accepted, on the Terms and Conditions set out on pages 56 to 59 of the Securities Note (as may be re-allocated in accordance with the instructions set out in Section 3 of this Application Form or otherwise as set out in the Securities Note):

	Tax Year 2018/2019	Tax Year 2019/2020
Maven VCT 1:	£ .00	£ .00
Maven VCT 5:	£ .00	£ .00
Total (including any initial adviser charge)	£ .00	£ .00

Please tear carefully

PLEASE TURN OVER

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3. Re-allocation/Return Instructions

In the event that an Offer for which I have applied has closed, or is deemed closed, at the time my Application Form is processed, then I hereby request the following **(tick one box only)**:

- ☐ (i) the amount in respect of closed Offer(s) 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 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.

4. Payment Details – Complete section (i) OR (ii)

- ☐ (i) I enclose a cheque or banker's draft made payable to "LMS RE: Maven VCT CHEQUE 2018" and crossed "A/C Payee only"

- ☐ (ii) I confirm that I will make a bank transfer to Link Asset Services to the following account:

LMS RE: Maven VCT 2018

Lloyds Bank Plc

Account number: 17351460 / Sort Code: 30-80-12

and I have provided any necessary source of funds evidence (if applicable) set out on page 65 of the Securities Note. I confirm that funds will be transferred within 48 hours of posting the Application, and understand that any delay in providing funds may affect acceptance of the application.

Please provide the following information about the account from which you will transfer funds:

Bank or Building Society:

Account Name:

Account Number: Sort Code: – –

Reference (initials and telephone number e.g. JS07210123456):

5. Nominee/CREST Details (if applicable)

I request that any New Shares for which my Application is accepted are issued to my nominee through CREST

CREST Participant ID: CREST Member Account ID:

Participant Name:

Address:

Post Code: Contact Tel Number:

Contact Name:

6. Dividends

If you wish to receive dividends by cheque, go to Section 7. Otherwise indicate in sections 6a and/or 6b how you wish to receive any dividends (in respect of New Shares or existing Shareholdings) paid following allotment of Shares under the Offers. **If both 6a and 6b are completed, 6b will be taken as your choice**, and account details provided in 6a will not be used until such time as a relevant Dividend Investment Scheme (DIS) in which you have chosen to participate is suspended or withdrawn.

6a. Dividends Payment Mandate

By ticking this box I elect to have all dividends from the Companies to which I have applied paid directly into the bank or building society account below. Please provide account details or write "As Above" if dividends should be paid to the account detailed at 4(ii) above:

Bank or Building Society:

Account Number: Sort Code: – –

6b. Dividend Investment Scheme

By ticking this box I elect to participate in the Dividend Investment Scheme(s) of those Companies to which I have applied, in respect of dividends paid on all of my New Shares under the Offer(s) and any existing shareholding.

☐

10a. 'Execution-Only' Intermediaries

Where no financial advice has been provided to the Applicant in respect of the Application, the intermediary must tick the box and specify below the level of any initial commission to be paid to the intermediary (subject to a maximum amount equal to 4.5% of the Application Amount).



Amount of initial commission to be paid to 'execution-only' intermediary

X 0 %

Amount of initial commission to be waived and re-invested for client

Y 4.5 %

Total X + Y (must total no more than 4.5%)

TOTAL 4.5 %

10b. Financial Advisers

If financial advice has been provided by you to your client in respect of this Application, please tick one of boxes A or B below to confirm whether or not an initial adviser charge is required to be facilitated.

(A) ☐ My client has agreed to pay my initial adviser charge in respect of this application direct and there is no requirement for any charge to be facilitated from the Application Amount.

(B) ☐ My client has requested to have such amount as is set out below to be facilitated to me as an initial adviser charge (subject to a maximum amount equal to 4.5% of the Application Amount).

If Box B has been ticked please indicate below the initial adviser charge as a % of the Application Amount

Percentage of Application Amount %

Special Instructions

VCT tax reliefs will only be available in respect of the actual amount invested in the Companies and will not include facilitated initial adviser charges. The charging of VAT on an initial adviser charge is the sole responsibility of the financial adviser. Should any charge facilitated by Link Asset Services not include the payment of any such VAT, the investor will, at all times, remain solely responsible to make up such VAT deficit (if any) to the adviser.

10c. Payment of intermediary commissions and adviser fees

If you wish any initial commissions or adviser fees indicated above to be made directly to your account by bank transfer, please provide the account details (in the absence of these details, payment will be made by cheque):

Name of Bank:

Account Name:

Account Number: Sort Code: - -

11. Financial Intermediary's Signature and Date

By signing this form I HEREBY DECLARE THAT I have read the Terms and Conditions of Application set out on pages 56 to 59 of the Securities Note (and as further contained herein) and agree to be bound by them. I confirm that (i) I have the authority to sign this declaration on behalf of the Financial Intermediary; and (ii) the amount(s) inserted in Section 10a or 10b above (if applicable) has been agreed with my client. Where we have completed the application form on behalf of the Applicant, I confirm that the Applicant has given us the authority to complete the form on their behalf and that the Applicant will be providing funds in respect of the Application.

Maven may use your contact details, in your capacity as contact for the Financial Intermediary, to send information about its VCT Offers and VCT related news (if you wish to receive this information, please tick the box).



Signature

Date / /

Position (i.e. capacity to sign on behalf of the financial intermediary)

Posting your Application

Please send the completed Application Form with your cheque or banker's draft and, if necessary, proof of source of funds, to **Link Asset Services, Corporate Actions, The Registry, 34 Beckenham Road, Beckenham, Kent BR3 4TU**. Cheques should be made payable to "LMS RE: Maven VCT CHEQUE 2018" and crossed "A/C Payee only". If making a bank transfer, you should ensure that Section 4(ii) has been completed with your account details.