

Application Form Instructions

You can either print and complete the application form out by hand, or fill it out digitally.

Printed Application Forms

Please send all completed application forms to:

Albion Capital Group LLP, 1 Benjamin Street, London, EC1M 5QL

Digital Application Forms

Please email the completed application forms to:

topup@albion.capital

Please sign the form using the 'sign' option on the tool-bar



Application form

Albion VCTs	Prospe	ectus Top Up Offers	2019/2020	
Please tick here if	you wish t	this application form to be ı	used for the 2019/2020 tax yea	r [
	_	also be used for the 2020/20 to be in respect of the 2020	021 tax year. 0/2021 tax year, please tick here	e [
		lication Form you should rec Application Form.	ad the Terms and Conditions of	Application and
CLOSING DATES				
31 January 2020	at 2 p.m.	the deadline for the "Early Bird" Discount (which is limited to the first £10 million of applicatio received) and the first closing in respect of the 2019/2020 tax year.		
1 April 2020	at 2 p.m.	the second closing in respect of		
3 April 2020	at 2 p.m.	the final closing in respect of th	ne 2019/2020 tax year.	
8 April 2020	at 2 p.m.	the first closing in respect of the		
30 September 2020	at 2 p.m.	the final closing in respect of th	ne 2020/2021 tax year (unless closed be	fore this date or extende
SECTION 1 - P	ERSONAL	. DETAILS		
Title	First na	me	Surname	
Address				
Postcode			Email	
Telephone (Day) Telephone (Evening)				
Date of Birth			National Insurance Number	
Are you an existina	shareholde	er in any of the Albion VCTs?		Yes No
,		-	ch vou would like to invest plac	
ensure that the de	etails prov		ch you would like to invest, pleo match those shown on your exi r accounts being created	
		•	cronically, rather than a hard copy:	? Yes No
,			3. 13	
Please see Section 7		n the Albion mailing list? rivacy information.		Yes No [
SECTION 2 - TA	X RESIDE	ENCY		
Are you a tax resider	nt in any co	ountry other than the UK?		Yes No
Please indicate all co	ountries in w	which you are resident for the pu	urposes of that country's income tax	Κ.
		ard holder, or US resident you m tional tax residences in the table	nust complete and return an IRS (Int e below.	ernal Revenue Service
Country of Tax Res	idency	Tax Identification Number (T)	IN/UTR)	No TIN

Application form

SECTION 3 - APPLICATION

I offer to subscribe for the following amount under the Terms and Conditions of the Subscription as set out in the Securities Note dated 22 October 2019. The Application must be for a minimum of \pounds 5,000. This may be made either across the Offers as in option A, or a minimum investment in each individual Company selected of \pounds 1,000 if option B is chosen.

as in option A, or a minimum investment in	each individual C	ompany selected of £1,000 if option B is chosen.		
Please complete EITHER Option A OR (Option B (but no	ot both)		
Option A I wish to subscribe a total of £ time that my Application Form is received		to be split equally under the Offers that are open at the al.		
Option B I wish to subscribe the following amounts	in each Albion V	CT under the terms of the Offers		
(1) Albion Development VCT PLC	₤	minimum £1,000 if selected		
(2) Albion Enterprise VCT PLC	₤	minimum £1,000 if selected		
(3) Albion Venture Capital Trust PLC	₤	minimum £1,000 if selected		
(4) Crown Place VCT PLC	₤	minimum £1,000 if selected		
(5) Kings Arms Yard VCT PLC	€	minimum £1,000 if selected		
•	been received by Offers: oe that remain	chosen are closed or has insufficient shareholder auth y Albion Capital, please choose one of the following ir (3) Return the subscription for the unavailable Offers; OR (4) Return the subscription in full.	_	
SECTION 4 - DIVIDEND OPTIONS				
Please complete EITHER Option A OR Op Option A – Dividends paid in cash Please complete the details below to have				
Account Name		Account Number		
Bank Name		Sort Code		
Option B – Dividend reinvestment sch o Please tick the box if you have read the di website www.albion.capital "Investor Cent into New Shares, rather than received in c	vidend reinvestm tre" and you wou	nent scheme circular for each Company on the		

Application form

Please complete E.	ITHER Option A	OR Option B	(but not both)
--------------------	----------------	-------------	---------------	---

SECTION 5 - PAYMENT Option A - cheque/banker's draft I enclose a cheque/banker's draft drawn on a UK clearing bank and dated the same day as the Application Form (no post-dated cheques will be accepted) for £ made payable to "Albion VCTs Offers for Subscription", being either the total in Section 3 Option A or the sum of Section 3 Option B (1) to (5). Option B – electronic transfer I confirm that I have made a bank transfer of ₤ to be received in the Albion Venture Capital Trust bank account within 24 hours to: Bank: Nat West Bank plc Sort Code: 50-00-00 Account number: 21655081 Albion Venture Capital Trust Account name: Reference: Your surname and initials SECTION 6 - CREST DETAILS I request that any Offer Shares for which my subscription is accepted are issued to my nominee through CREST. CREST PARTICIPANT ID CREST PARTICIPANT NAME CREST MEMBER ACCOUNT ID (if applicable): SECTION 7 - DATA PROTECTION ACT The Albion VCTs in which you wish to subscribe will be the controllers of the personal data provided in this form and

you should read our privacy notice, in particular the section entitled "Shareholders and Investors" which is available at https://www.albion.capital/disclaimer. This explains why the Albion VCTs process your personal data, what it is used for, who they share data with, how long it is kept for and who to contact if you have a query relating to your personal data. It also sets out your data protection rights including a right to object to some of the processing carried out.

If your application is via an IFA, we will share information about your investments with the IFA identified in Section 9 of this form, unless you instruct us not to.

The Albion VCTs will share your personal data with service providers such as Albion Capital Group LLP (as manager, adviser or receiving agent). Albion Capital Group LLP processes this personal data in for its legitimate interests for administration, research and statistical purposes.

SECTION 8 - APPLICANT'S DECLARATION & SIGNATURE

- 1 I have received and read the Prospectus dated 22 October 2019 containing details of the Albion VCTs Prospectus Top Up Offers 2019/2020 and have read the Terms and Conditions of application enclosed therein and agree to be bound by them.
- 2 I acknowledge the existence of the Key Information Documents in the Other Regulatory Disclosures Section for each of the Albion VCTs on the Albion Capital website at www.albion.capital/investor-centre/our-funds.
- 3 I will be the beneficial owner of the New Shares in the Companies as issued to me pursuant to the Albion VCTs Prospectus Top Up Offers 2019/2020.
- 4 To the best of my knowledge and belief, the particulars that I have given on this application form are correct.
- 5 I understand and agree the details submitted by my financial intermediary in Sections 9 to 10 below. (Delete if not applicable)

HM REVENUE & CUSTOMS MAY INSPECT	THIS FORM. IT	Γ IS A SERIOUS	OFFENCE TO N	AAKE A FALSE
DECLARATION				

HM REVENUE & CUSTOMS MAY INSPECT THIS FORM. DECLARATION.	IT IS A SERIOUS OFFENCE TO MAKE A FALSE	
Signature	Date	3

ONLY APPLICABLE IF APPLICATION IS VIA IFA

SECTION 9 -	FINANCIAL INTERMEDIARY DETA	ILS		
Company				
Title	First Name	Surname		
Address				
Postcode		Email		
Telephone		Company FCA number		
My relationshi	p to the client is (tick one only)	Advisory Execution-only		
Acting on behal	f of:	_		
Title	First Name	Surname		
SECTION 10	- ADVISORY FEES AND TRAIL CO	MMISSION		
Please complete	e EITHER Option A OR Option B (but r	not both) and bank details.		
Please note that investment.	t neither advisory fees nor trail commissic	on can be waived in order to increase an applicant's		
Option A – Advisory Intermediaries only If your client has agreed that their fees may be deducted from their Subscription detailed in Section 3 above, (which will reduce the number of New Shares issued), please detail the amount of those fees to be deducted from the subscription				
The Manager ag	cution-only Intermediaries only grees to pay the Execution-Only Intermed ease note that these costs will be borne b	-		
Advisory fees of Please provide	•	ly into the financial intermediary's bank account.		
Account name		Account number		
Bank Name		Sort Code		
	- AUTHORISED FINANCIAL INTER			
by the Money Lo	have identified and verified the identity of aundering Regulations 2017 within the good the Joint Money Laundering Steering Gr	uidance for the UK Capital Financial		
	will retain copies of the identification and red by the Money Laundering Regulation quest.			
	ndering checks have identified the Applica or close known associate of a PEP.	ant as a politically exposed person Yes No		
Signature		Date		
		rning your application on 0207 601 1850		
		advice on the merits of the Offers or give any personal tax,		
Please send a	Il completed application forms to: Il Group LLP, 1 Benjamin Street, Londo	n EC1M 5QL		