



**BLACKFINCH**  
ASSET MANAGEMENT

**VT Blackfinch Funds ICVC**  
*Application Form for the  
Purchase of Shares*

# Section 1

## Purchase Application

TO BE COMPLETED BY THE APPLICANT

This form duly completed should be sent to:

**Valu-Trac Administration Services, Orton, Fochabers, Moray IV32 7QE**  
**Tel: 01343 880344, Fax: 01343 880267, Email: blackfinch@valu-trac.com**

If sent by email or fax please confirm to Valu-Trac Administration Services by telephone immediately and forward the original application form to the address above.

### Purchase Application

I/We, the undersigned, having received and read a copy of the Prospectus for the VT Blackfinch Funds ICVC ("the Company") dated 29 September 2020 (together with any addendums or supplements thereto) and the Key Investor Information Document, hereby apply for such number of Shares in the Company as may be purchased with the amounts indicated below at the subscription price determined in accordance with the Prospectus:

#### VT Blackfinch Defensive Portfolio Fund

Share Class:	Income General – Class F	<input type="checkbox"/>	Accumulation General – Class F	<input type="checkbox"/>
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Amount

GBP / Shares (*please delete as appropriate*)

# Section 1 Continued

## Purchase Application

TO BE COMPLETED BY THE APPLICANT

### VT Blackfinch Cautious Portfolio Fund

Share Class	Income	<input type="checkbox"/>	Accumulation	<input type="checkbox"/>
	General – Class F		General – Class F	

Amount

GBP / Shares (please delete as appropriate)

### VT Blackfinch Balanced Portfolio Fund

Share Class	Income	<input type="checkbox"/>	Accumulation	<input type="checkbox"/>
	General – Class F		General – Class F	

Amount

GBP / Shares (please delete as appropriate)

### VT Blackfinch Income Portfolio Fund

Share Class	Income	<input type="checkbox"/>	Accumulation	<input type="checkbox"/>
	General – Class F		General – Class F	

Amount

GBP / Shares (please delete as appropriate)

# Section 2

## Details of Applicant(s)

**TO BE COMPLETED BY THE APPLICANT**

### First Holder

Company/Nominee Name

or Title

Forename(s)

Surname

Address

Postcode

Telephone

Country

Email Address

### Joint Holder(s)

Title & Full Name

Title & Full Name

Title & Full Name

# Section 2 Continued

## Details of Applicant(s)

TO BE COMPLETED BY THE APPLICANT

Mailing Address *(if different from the address of the First Holder)*

Title & Full Name

Address

Postcode

# Section 3

## Bank Details of Applicant

**TO BE COMPLETED BY THE APPLICANT**

Bank Name

Address

Postcode

Account Name

Sort Code

 -  - 

Account Number

**or** Bank Swift Address

**or** Bank ABA Number

Distributions (if applicable) will be paid to the bank account above.

### Data Protection

For full information on how VT processes personal information and what your rights are, please see our Privacy Policy online at [www.valu-trac.com](http://www.valu-trac.com).

# Section 4

## Declarations

**TO BE COMPLETED BY THE APPLICANT**

### Facta Declaration of U.S Citizenship or U.S. Residence for Tax Purposes

Please tick either **(a)** or **(b)** and complete as appropriate.

**a)** I confirm that I am not a U.S. citizen and/or resident in the U.S. for tax purposes.

**b)** I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

### CRS Declaration of Tax Residency

Please indicate all countries in which you are resident for tax purposes and the associated Taxpayer Identification Number(s) in the below. Please see the CRS Portal for more information on Tax Residency.

**Country of Tax Residency**

**Tax ID Number** (UK Individuals should use their UK National Insurance Number)

  
  

### Payment Method - Payment is by Wire Transfer Only

Funds should be wired for value on the settlement date of this transaction which will have been agreed in advance with Valu-Trac Administration Services and which will be stated on the Contract Note issued to you by Valu-Trac Administration Services. If funds are received on any date other than this agreed settlement date they may be returned by the Bank.

# Section 5

## Authorised Signatories

**TO BE COMPLETED BY THE APPLICANT**

This application is authorised by the following who is/are person(s) authorised to give all instructions and to take all actions on my/our behalf in connection with any Shares held by me/us in the VT Blackfinch Funds ICVC funds indicated above.

Signature of Authorised Person(s)

Name of Authorised Person(s)

Date

  //   //    

Signature of Authorised Person(s)

Name of Authorised Person(s)

Date

  //   //    

Any One to sign     Any Two to sign     Separate list attached

**Note:** If the authorised signatory listing is a separate document forwarded with the original application, this listing needs to be accompanied by an original or certified copy of the company's mandate which approves the signatory listing.

If you have any questions please contact Valu-Trac Administration Services on 01343 880344 or [blackfinch@valu-trac.com](mailto:blackfinch@valu-trac.com).



# Section 6

## Anti-Money Laundering Requirements

### TO BE READ BY THE APPLICANT

Please provide the following information to Valu-Trac Administration Services.

#### Corporate Entity

- Original or certified copy of certificate of incorporation showing existence and legality of company;
- Certified copy of Memorandum and Articles of Association;
- List of directors names, occupations, residential and business addresses and dates of birth;
- Certified copy of authorised signatory list, including specimen signatures;
- Certified minutes (resolution) or other properly authorised mandate authorising the investment to be made;

#### **AND For a private company, please also provide:**

For at least two directors: (unless the company has only one director)

- Certified\* copy of passport including a clear reproduction of the photograph of the individual concerned; AND Two of the following:
  - Original utility bill (not older than 3 months)
  - Original bank statement (not older than 3 months)
  - Original of any other documentation issued by a government agency, showing the residential address

#### **AND**

- List of the names and addresses of shareholders holding more than 10% or more of the issued share capital of the company.

#### Trusts

- Relevant extract of the Trust Deed which shows the power to invest;
- Certified copy of authorised signatory list of the Trustee, including specimen signatures;
- Certified minute (resolution) or other properly authorised mandate authorising the investment to be made;

#### **AND For a private trust, please also provide:**

- Confirmation from the Trustee of the identity of the settlor and the beneficiaries, by satisfying for each party the requirements as set out under 'Individuals' below.

#### Individuals

- Certified\* copy of passport or drivers' licence;
- Two original/certified\* true copies of utility bills (not older than 3 months and with the same address as that on the application form).

Please note that for joint applicants, documentation in respect of each applicant is required.

#### Designated Body within a Financial Action Task Force Jurisdiction

- Written confirmation on your headed paper that you are a designated body;
- The name of the relevant regulatory authority by which you are regulated.

\* Your document must be certified by a professional person or someone of good standing in your community. For instance, you could ask a FCA-registered individual, a lawyer or solicitor, a chartered accountant, a bank official, a teacher, a doctor, a dentist, or a nurse. They cannot be a family member, living at the same address or in a relationship with you. They also cannot be a trainee in their profession. The certifier must: • write "Certified by me to be a true copy of the original seen by me" on the document • sign and date the document • print their name under their signature • add their occupation and address and telephone number.