VT CASTLEBAY UK EQUITY FUND



VT CASTLEBAY UK EQUITY FUND APPLICATION FORM FOR THE PURCHASE OF SHARES

THIS FORM DULY COMPLETED SHOULD BE SENT TO:

Valu-Trac Administration Services, Orton, Fochabers, Moray IV32 7QE Tel: 01343 880344, Fax: 01343 880267, Email: castlebay@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 Valu-Trac Investment Funds ICVC ("the Company") dated 01 March 2023 (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:

Fund:	VT Castleb	ay UK Equity Fund	
Share Class:	A CLASS INCOME GBP A CLASS ACCUMULATION GBP B CLASS INCOME GBP B CLASS ACCUMULATION GBP C CLASS INCOME GBP C CLASS ACCUMULATION GBP		
Amount:			GBP / shares (please delete as appropriate)
DETAILS OF APPLICANT(S)	F	FIRST HOLDER	
Company/Nominee Name			
or Title			
Surname			
Forenames			
Address			
Postcode			
Country			
Telephone			
Email			
		Joint Holder(s)	
Title & Full Name			
Title & Full Name			
Title & Full Name			
MAILING ADDRESS (if differen	nt from the a	ddress of the first hold	der)
Title & Full Name	L		
Address	L		
Address			

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BANK DETAILS OF APPLICANT

Name of Bank						
Address						
Account Name						
Account Number						
Bank Sort Code						
or Bank Swift Address						
or Bank ABA Number						
Distributions (if applicable) will be	paid to the bar	nk account abo	ve			
DATA PROTECTION						
For full information on how VT pro	cesses personal	information and	d what your right	s are, please	see our Privacy P	olicy
online at www.valu-trac.com.						
TATOA DEGLI DITION OF H	C (17175) 101 115	on H.C. Drow		v Dunn one	•	
FATCA DECLARATION OF U. Please tick either (a) or (b) and comple		OR U.S. RESIL	DENCE FOR TA	X PURPOSES	5	
a) I confirm that I am not a U		esident in the U.S.	for tax purposes.			
b) I confirm that I am a U.S. o	itizen and/or resid	ent in the U.S. for	ax purposes and m	ıy		
U.S. fede	eral taxpayer ident	ifying number (U.S	. TIN) is as follows:			
CRS DECLARATION OF TAX F						
Please indicate all countries in which below. Please see the CRS Portal for m			nd the associated	Taxpayer Ident	tification Number(s)	in the
Country of Tax Residency			Individuals shoul	.D USE THEIR UK	National Insuranc	Е ПИМВЕ

VT CASTLEBAY UK FOULTY FUND



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.

AUTHORISED SIGNATORIES

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 Castlebay UK Equity Fund.

Name of authorised Person(s)	Signature of Authorised Person(s)	Date
	I	
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 castlebay@valu-trac.com.

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ANTI-MONEY LAUNDERING REQUIREMENTS

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