

VT Esprit FS ICVC

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: esprit@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 Esprit FS ICVC ("the Company") dated 4 March 2022 (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 Esprit Ca	reful Growth Fund	Accumulation	
VT Esprit Ta	ctical Alpha Plus Fund	Accumulation	
VT Esprit Ta	ctical Balanced Fund	Accumulation	
VT Esprit Ta	ctical Balanced Fund	Income	
VT Esprit Tactical Growth Fund		Accumulation	
VT Esprit Su	stainable Growth Fund	Accumulation	
Amount:	Lump sum	£	
	Monthly payment	£	

Details of Applicant(s)

	First Holder	
Company/Nominee Name		
or Title		
Surname		
Forenames		
Address		
Postcode		
Country		
Telephone		
Email		
Full Passport Number	8 numbers 3 letters 7 numbers 1 letter 7 numbers 2 numbers]

Details of Applicant(s)					
	Joint Holder(s)				
Title & Full Name					
Full Passport Number					_ <<<<<
	8 numbers	3 letters	7 numbers	1 letter 7 numbers	2 numbers
Title & Full Name					
Full Passport Number					
	8 numbers	3 letters	7 numbers	1 letter 7 numbers	2 numbers
Title & Full Name	[
		·	-		
Full Passport Number					<<<<<
	8 numbers	3 letters	7 numbers	1 letter 7 numbers	2 numbers
Mailing Address (if different from the address of the First Holder)					
Title & Full Name					
Address					

Bank Details of Applican	<u>nt</u>
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 bank account above

Data Protection

Address

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.

Payment Method

Our preferred payment method is through electronic means (BACS or CHAPS). Please send all payments to the account details provided on the contract note which will be sent to you.

Funds need to be received on the settlement date indicated on the contract note.

FATCA 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 tha

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

ł	c)
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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:

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

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

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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 Esprit FS ICVC.

Name of Authorised Person(s)	Signature of Authorise	ed Person(s)	Date		
			/	/	
			/	/	
Any One to sign Any	Two to sign	Separate list attached			
Note: If the authorised signatory listing	is a separate document forwarde	d with the original application	on, this listing	needs	

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 esprit@valu-trac.com.

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:

<u>For at least two directors</u>: (unless the company has only one director) Certified* copy of passport including a clear reproduction of the photograph of the individual concerned; <u>AND</u> 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

For non-existing shareholders an electronic ID identification will be carried out based on the information provided in this application form.

In the unlikely event a satisfactory ID match cannot be achieved electronically Valu-Trac Administration Services will contact you directly to obtain physical proof of identity.

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