



## VT GRAVIS DIGITAL INFRASTRUCTURE INCOME FUND - CORPORATE

PLEASE READ THE PROSPECTUS PRIOR TO COMPLETING THIS APPLICATION FORM

### COMPANY DETAILS

BLOCK CAPITALS

Address	
	Postcode
Contact Name	
Contact Number	

### JOINT APPLICANT(S) (if applicable - maximum four)

Name	
Signature	Date
Name	
Signature	Date
Name	
Signature	Date

### DESIGNATION (Maximum of 15 characters)

OEICS may not be registered in the name of a minor (under 18 years of age) but should be registered in the name of an adult and designated in favour of the minor using the child's initials eg John Brown a/c RB. Please state the designation in the box below

Designation
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### INVESTMENT

Please indicate the amount you wish to invest in the OEIC(s). (Please note the minimum initial investment for each OEIC)

OEIC	AMOUNT TO INVEST	MINIMUM INITIAL INVESTMENT	<i>Please tick for alternative currency share classes</i>
Income Shares Class I	£ <input type="text"/>	£10,000,000	
Income Shares Class I (hedged)	£ <input type="text"/>	£10,000,000	€ <input type="checkbox"/> \$ <input type="checkbox"/> ¥ <input type="checkbox"/>
Accumulation Shares Class I	£ <input type="text"/>	£10,000,000	
Accumulation Shares Class I (hedged)	£ <input type="text"/>	£10,000,000	€ <input type="checkbox"/> \$ <input type="checkbox"/> ¥ <input type="checkbox"/>
Income Shares Class C	£ <input type="text"/>	£100	
Income Shares Class C (hedged)	£ <input type="text"/>	£100	€ <input type="checkbox"/> \$ <input type="checkbox"/> ¥ <input type="checkbox"/>
Accumulation Shares Class C	£ <input type="text"/>	£100	
Accumulation Shares Class C (hedged)	£ <input type="text"/>	£100	€ <input type="checkbox"/> \$ <input type="checkbox"/> ¥ <input type="checkbox"/>

Valu-Trac Administration Services is a division of Valu-Trac Investment Management Limited  
which is authorised and regulated by the Financial Conduct Authority



## VERIFICATION

Please provide an authorised signatory list for the institution for which the investment will be registered. This must be certified by at least one of the authorised signatories included in that list and accompanied by adequate identification documentation as per the Anti-Money Laundering Requirements on page 3. If you have any queries as to what information to provide for verification purposes, please call 01343 880344.

## PAYMENT

Funds should be wired for value on the settlement date of this transaction 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.

## INCOME PAYMENTS

Please indicate how you wish to have the income paid:

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**DIRECT TO BANK/BUILDING SOCIETY** - please give payment details

Bank or Building Society

Branch Title

Account Name

Account Number

Sort Code   -   -

☐

**RE-INVESTMENT**

## DECLARATION AND SIGNATURES

- I/We have read and understood the terms of the Prospectus dated 4 May 2021.
- I/We understand that Valu-Trac may need to use the credit reference/information agencies in order to satisfy Valu-Trac's statutory money laundering obligations. These agencies may keep a record of this enquiry.
- I/We confirm that all applicants are at least 18 years of age.

Signature - APPLICANT 1	Date of Birth (dd/mm/yyyy)	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature - APPLICANT 2	Date of Birth (dd/mm/yyyy)	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature - APPLICANT 3	Date of Birth (dd/mm/yyyy)	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature - APPLICANT 4	Date of Birth (dd/mm/yyyy)	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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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 (or one director if 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.

### 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

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