

PROCSI CORE FUND

VT PROTEAN CAPITAL PROCSI CORE 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: protean@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 11 March 2024 (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 PROTEAN CAPITAL	L PROC	SI CoRE FUND	
SHARE CLASS:	CLASS A ACCUMULAT	ION	√	
Amount:				GBP/SHARES (PLEASE DELETE AS APPROPRIATE)
DETAIL OF APPLIC	CANT(S)			
		Firs	ST HOLDER	
Company/Nominee Name				
or Title]
Surname]
Forenames				
Address				
Postcode]
Country]
Telephone				
Email				
		Join	NT HOLDER(S)	
Title & Full Nam	e			
Title & Full Nam	e			
Title & Full Nam	e			
MAILING ADDRESS	(if different from the ad	dress of	f the first holder)	
Title & Full Nam	e			
Address				
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	bank account above.
DATA PROTECTION For full information on how VT processes p www.valu-trac.com.	ersonal information and what your rights are, please see our Privacy Policy online at
Please tick either (a) or (b) and complete as a	
	en and/or resident in the U.S. for tax purposes.
	and/or resident in the U.S. for tax purposes and my
U.S. federal tax	payer identifying number (U.S. TIN) is as follows:
CRS DECLARATION OF TAX RESIDENCY Please indicate all countries in which you ar below. Please see the CRS Portal for more info COUNTRY OF TAX RESIDENCY	e resident for tax purposes and the associated Taxpayer Identification Number(s) in the
Administration Services and which will be star received on any date other than this agreed so AUTHORISED SIGNATORIES This application is authorised by the following	WIRE TRANSFER ONLY ment date of this transaction which will have been agreed in advance with Valu-Trac ted on the Contract Note issued to you by Valu-Trac Administration Services. If funds are ettlement date they may be returned by the Bank. g who is/are person(s) authorised to give all instructions and to take all actions on my/our me/us in the VT Protean Capital PROCSI CoRE Fund.
Name of authorised Person(s)	Signature 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.

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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

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