THIS FORM DULY COMPLETED SHOULD BE SENT TO:

Valu-Trac Administration Services, Orton, Fochabers, Moray IV32 7QE

Tel: 01343 880344, Fax: 01343 880267, Email: tyndall@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 Tyndall Funds ICVC ("the Company") dated 27 June 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 TYNDALL NORTH AMERICAN FUND				
Share Class:				
	Class F (£) Net Income Shares			
	Class F (£)Net Accumulation Shares			
	Class F (£)(Hedged) Net Income Shares			
	Class F (£) (Hedged) Net Accumulation Shares			
Amount:	GBP / shares	(please delete as appropriate)		

VT Tyndall North American Fund

DETAILS OF APPLICANT(S)				
	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 different from the address of the First Holder)				
Title & Full Name				
Address				
Address				

DANIZ DETAILO	OF ADDI ICANT
BANK DETAILS	OF APPLICAN I

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 personal information and what your rights are, please see our Privacy Policy online at www.valu-trac.com.

VT Tyndall North American Fund



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 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.

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

Country of Tax Residency			

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 Tyndall North American 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.				

If you have any questions please contact Valu-Trac Administration Services on 01343 880344 or tyndall@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:

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; <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

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