

## APPLICATION FOR SHARES IN BLADON COMMUNITY BENEFIT SOCIETY LTD.

| <b>First Applicant</b>  | <b>Joint Applicant</b> <i>(the first applicant will be listed on the members register and will have voting rights)</i>                     |
|---|--|
| NAME (in full)  | NAME (in full)   |
| COMPANY OR ORGANISATION<br>(if applying on behalf of group or incorporated body)  | COMPANY OR ORGANISATION<br>(if applying on behalf of group or incorporated body)   |
| ADDRESS   | ADDRESS  |
| POST CODE   | POST CODE  |
| TELEPHONE   | TELEPHONE  |
| EMAIL   | EMAIL  |
| <b>I wish to become a member of Bladon Community Benefit Society in accordance with the Rules and apply for:</b>        |  |
| <b>A SHARES</b> - Withdrawable, Interest bearing shares   | <b>B SHARES</b> - Non-withdrawable, Non-interest-bearing shares  |
| NUMBER OF SHARES (£50 PER SHARE)  | NUMBER OF SHARES (£50 PER SHARE)   |
| AMOUNT IN £   | AMOUNT IN £  |
| <b>SHARE CERTIFICATES WILL BE ISSUED AS PDF BY EMAIL-<br/>UNLESS PRINTS ARE SPECIFICALLY ORDERED (SEE BOX ON RIGHT)</b> | <input type="checkbox"/> PLEASE PRINT AND POST MY SHARE CERTIFICATE(S).<br>I UNDERSTAND THERE IS A FEE OF £10 FOR EACH CERTIFICATE ORDERED |

The maximum permitted investment in A Shares is £50,000 and the maximum permitted investment in B Shares is £100,000.

Please read and tick the boxes to indicate that you agree with the following statements:

- |   |  |
|---|--|
| <input type="checkbox"/> I confirm that I am over 16 years of age   | <input type="checkbox"/> I consent to receiving formal notices and links to documents on the Society's website by email to the address above   |
| <input type="checkbox"/> I have read the Share Offer Document and agree to be bound by the Terms and Conditions of the Share Offer and the Rules of the Society:<br><a href="https://bladoncommunitypub.org/">https://bladoncommunitypub.org/</a> | <input type="checkbox"/> I understand that the Management Committee of the Bladon Community Benefit Society Ltd may reject my application and are not obliged to tell me why it has been rejected. |

**I confirm that I wish to invest, in the amount described in this application I acknowledge that, by signing, I am making a legally binding commitment.**

**Signature(s):**

**(all applicants to sign)** \_\_\_\_\_

**Date:** \_\_\_\_\_

Return to: Bladon Community Benefit Society Ltd, 3a Market Place, Woodstock, England, OX20 1SY

**Method of Payment:**

- I enclose a cheque made payable to Bladon Community Benefit Society
- I have paid by online bank transfer to Unity Trust Bank:  
 Sort Code: 60-83-01 / Account Number: 20418494  
 Please include your initials and surname as a reference on your payment.

*By requesting that I become an investing member of Bladon Community Benefit Society Ltd, I agree to my name, address, phone numbers, email address and the number of shares I wish to purchase being stored securely on a computer database. I understand that this information will be used solely for the purpose of maintaining a register of members as required by the rules of the Society, for the posting of notices regarding the activities of the Society and will not be passed to any third parties without my permission, except as required by law.*

## Share choices

You can opt to:

- Hold shares on behalf of children and/or
- Nominate a person to whom you wish your shares to be transferred on your death.

Please fill in the relevant sections below:

## Holding shares on behalf of children

If you wish to hold shares on behalf of someone who is **under 16**, please fill in that person's details below.

|                |           |
|----------------|-----------|
| FIRST NAMES(S) | ADDRESS   |
| LAST NAME      |           |
| DATE OF BIRTH  | POST CODE |

## Nomination of shares after your death

You can nominate a person **aged 16 or over** to whom you wish your shares to be transferred on your death. Bladon Community Benefit Society Limited will respect your wish in so far as the law and our Rules permit. If you are a joint shareholder, your holding will pass to the other joint shareholder(s) on your death, unless you complete the form below.

### Personal details of your nominee

|                |                                   |
|----------------|-----------------------------------|
| FIRST NAMES(S) | ADDRESS (IF DIFFERENT FROM ABOVE) |
| LAST NAME      | POST CODE                         |

I understand that it may not be possible for Bladon Community Benefit Society Limited to action this request and I and my heirs will not hold the Society responsible for its actions. I understand that these instructions can only be revoked or amended by my giving clear written instructions to the Secretary of the Society at its Registered Office.

**Signature(s):**

**(all applicants to sign)** \_\_\_\_\_

**Date:** \_\_\_\_\_

*By requesting that I become an investing member of Bladon Community Benefit Society Ltd, I agree to my name, address, phone numbers, email address and the number of shares I wish to purchase being stored securely on a computer database. I understand that this information will be used solely for the purpose of maintaining a register of members as required by the rules of the Society, for the posting of notices regarding the activities of the Society and will not be passed to any third parties without my permission, except as required by law.*

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