

APPLICATION TO BUY SHARES IN THE OLD HOSPITAL FUND

PLEASE FILL OUT USING BLOCK CAPITALS

IF YOU ARE BUYING YOUR OWN SHARES AS AN INDIVIDUAL, PLEASE SKIP TO SECTION 1.

IF YOU ARE BUYING ON SHARES ON BEHALF OF ANOTHER PERSON, PLEASE SKIP TO SECTION 2.

IF BUYING SHARES AS A PART OF A CLUB/BUSINESS/ORGANISATION, PLEASE SKIP TO SECTION 3.

SECTION 1

IN COMPLETING THIS SECTION, I CONFIRM THAT I AM OVER THE AGE OF 16 AND WILL BE THE NAMED SHAREHOLDER.

AFTER COMPLETING THIS SECTION, PLEASE CONTINUE TO SECTION 4.

YOUR DETAILS:

FORENAME _____

SURNAME _____

DATE OF BIRTH [DD/MM/YYYY] _____

ADDRESS:

HOUSE NAME/NUMBER _____

STREET _____

TOWN/CITY _____

COUNTY/STATE _____

POSTCODE _____

COUNTRY _____

EMAIL _____

PHONE NUMBER _____

NUMBER OF SHARES WANTED AT £25 EACH:

NOTE THE MINIMUM PURCHASE IS 6 SHARES; THE MAXIMUM PURCHASE IS 1,000 SHARES.

NUMBER OF SHARES _____

VALUE OF SHARES [NUMBER OF SHARES X £25] £ _____

BANK ACCOUNT:

TO RECEIVE POTENTIAL SHARES INTEREST:

SORT CODE _____

ACCOUNT NUMBER _____

SECTION 2

IN COMPLETING THIS SECTION, I CONFIRM THAT I AM BUYING SHARES ON BEHALF OF SOMEONE ELSE.

Note that if you are buying shares for persons under 16, you hold both their voting rights and membership duties until they turn 16, at which time all rights will be transferred to them. It is your responsibility to notify us when this happens.

YOUR DETAILS:

FORENAME _____

SURNAME _____

DATE OF BIRTH [DD/MM/YYYY] _____

RELATIONSHIP TO SHAREHOLDER: _____

SHAREHOLDER DETAILS

[PERSON FOR WHOM YOU ARE BUYING SHARES]

FORENAME _____

SURNAME _____

DATE OF BIRTH [DD/MM/YYYY] _____

ADDRESS:

HOUSE NAME/NUMBER _____

STREET _____

TOWN/CITY _____

COUNTY/STATE _____

POSTCODE _____

COUNTRY _____

EMAIL _____

PHONE NUMBER _____

SECTION 2 CONTINUED

**AFTER COMPLETING
THIS SECTION, PLEASE
CONTINUE TO SECTION 4.**

SHAREHOLDER ADDRESS [IF DIFFERENT]

HOUSE NAME/NUMBER _____

STREET _____

TOWN/CITY _____

COUNTY/STATE _____

POSTCODE _____

COUNTRY _____

EMAIL _____

PHONE NUMBER _____

NUMBER OF SHARES WANTED AT £25 EACH:

NOTE THE MINIMUM PURCHASE IS 6 SHARES; THE MAXIMUM PURCHASE IS 1,000 SHARES.

NUMBER OF SHARES _____

VALUE OF SHARES [NUMBER OF SHARES X £25] £ _____

BANK ACCOUNT:

TO RECEIVE POTENTIAL SHARES INTEREST:

SORT CODE _____

ACCOUNT NUMBER _____

SECTION 3

IN COMPLETING THIS SECTION, I CONFIRM THAT I AM BUYING SHARES ON BEHALF OF A CLUB/COMPANY/ ORGANISATION [INFORMAL GROUP OR FORMAL BUSINESS].

Each group must have a nominated member who represents the interest of the group. This person is who the Society will communicate with. This person will also have the voting right at the Annual General Meeting and be responsible for membership responsibilities on behalf of the entire group. For more information, please refer to our Membership Strategy.

NOMINATED INDIVIDUAL'S DETAILS:

FORENAME _____

SURNAME _____

DATE OF BIRTH [DD/MM/YYYY] _____

NUMBER OF MEMBERS IN GROUP _____

NOMINATED INDIVIDUAL'S ADDRESS:

HOUSE NAME/NUMBER _____

STREET _____

TOWN/CITY _____

COUNTY/STATE _____

POSTCODE _____

COUNTRY _____

EMAIL _____

PHONE NUMBER _____

DETAILS OF COMPANY/ORGANISATION (IF APPLICABLE)

NAME _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

POSTCODE _____

COUNTRY OF OPERATION _____

REGISTERED COMPANY NUMBER (IF APPLICABLE): _____

SECTION 3 CONTINUED

**AFTER COMPLETING
THIS SECTION, PLEASE
CONTINUE TO SECTION 4.**

NUMBER OF SHARES WANTED AT £25 EACH:

NOTE THE MINIMUM PURCHASE IS 6 SHARES; THE MAXIMUM PURCHASE IS 1,000 SHARES.

NUMBER OF SHARES _____

VALUE OF SHARES [NUMBER OF SHARES X £25] £ _____

BANK ACCOUNT:

TO RECEIVE POTENTIAL SHARES INTEREST:

SORT CODE _____

ACCOUNT NUMBER _____

SECTION 4

Please provide details of a nominated individual, over the age of 16, to whom you would like to transfer your shares to in the event of death. This person may also be given to us at a later date via email or letter. If you do not wish to do this, upon the shareholder's death, all shares will be reabsorbed into the Society.

I confirm that the person named below will be made aware of this arrangement and also the responsibilities and terms that they will be subject to as a shareholder and member of the Society.

Note that it is your responsibility to keep their contact details up to date.

NOMINATED INDIVIDUAL'S DETAILS:

FORENAME _____

SURNAME _____

EMAIL ADDRESS _____

PHONE NUMBER _____

PLEASE TICK THE APPROPRIATE PAYMENT BOX:

I have enclosed a cheque with this form, made payable to Southwold and Waveney Valley Regeneration Society Ltd. for the total value of the shares applied for.

PLEASE POST OR DELIVER TO:

SouthGen, Ashleigh, Constitution Hill, Southwold, IP18 6HE. Receipts for the subscriptions will be issued by email whenever possible.

SECTION 4 CONTINUED

By buying these shares, I agree to all the information disclosed being held on a computer database in compliance with EU General Data Protection Regulations (GDPR). I understand that this information will be used by Southwold and Waveney Valley Regeneration Society Ltd. (SouthGen) only & will not be passed to Third Parties.

I CONFIRM THAT:

- I have read and understood the terms of the Share Offer document.
- I understand that this application, when accepted, forms a contract subject to UK Law.
- I am not making an application that would create an aggregate holding of more than 1,000 shares.
- I am not relying on any information which is not included in the Share Offer document.
- I will give proof of my identity and address, if necessary, for anti-money laundering purposes.

SIGNED

[PURCHASER OR AUTHORISED SIGNATORY]

DATE
