

Application Form

UNICORN AIM VCT PLC (the Company)

Before completing this Application Form you should read the prospectus published by the Company dated 29 January 2019 (**Prospectus**) (copies of which can be downloaded from www.unicornam.com), in particular the Risk Factors and the Offer Terms and Conditions and Application Procedures contained in the Prospectus. Definitions used in the Prospectus apply herein. The Company and the Receiving Agent cannot accept responsibility if any details provided by you are incorrect.

This Application Form should be completed in full and sent by post or by hand addressed to:

"Unicorn AIM VCT Offer", The City Partnership (UK) Limited, 110 George Street, Edinburgh EH2 4LH

The Offer opens on 29 January 2019 and will close at 5.30 p.m. on 4 April 2019. The Offer may close earlier if fully subscribed or otherwise at the Board's discretion. **The Offer is only open for 2018/2019 Tax Year.**

CHEQUES Please make cheques payable to "City – Unicorn AIM VCT Offer"
(Note: Cheques drawn on corporate accounts cannot be accepted)

BANK Sort code: 80-22-60 Account no: 18601265 Bank: Bank of Scotland

TRANSFERS BIC: BOFSGBS1SDP IBAN: GB22BOFS80226018601265

Please reference bank transfers with your surname and initials.

Please note that the number of New Shares to be allotted to a successful Applicant will be determined by applying the Allotment Formula set out on page 23 of the Prospectus. The applicable net asset value per New Share for the Allotment Formula will be the latest net asset value published by the Company on the day of allotment, adjusted for dividends declared and for which the record date for payment has passed at the time of allotment.

The Company will decide, in its absolute discretion, to accept or reject the Application (notification of which will be through the allotment of new Shares).

If you do not receive an acknowledgement of your Application within ten days of sending it to The City Partnership, please contact The City Partnership on 0131 243 7210 or ra@city.uk.com.

Please complete in BLOCK CAPITALS.

TO BE COMPLETED BY THE INVESTOR (BENEFICIAL HOLDER)

SECTION 1: PERSONAL DETAILS

Title: Mr./Mrs./Miss/Ms./Dr./Other:	Date of Birth:
Forenames:	National Insurance No.:
Surname:	Email:
Current Address:	Telephone No. (Day):
	Telephone No. (Evening):
Postcode:	Existing Shareholder (Please Tick if Relevant)*
If 3 Years or Less Please Provide Previous Address:	<input type="checkbox"/> Registered Holder <input type="checkbox"/> Beneficial holder
	Existing Shareholder Investor Code*:

** Please tick this box if you are resident for tax purposes in any jurisdiction other than the UK.

Where applicable, please provide confirmation of the non-UK jurisdictions in which you are resident for tax purposes, along with your corresponding tax payer identification number (TIN) or equivalent:

Country:	TIN/Equivalent:
Country:	TIN/Equivalent:

* Please tick the relevant box if you are an existing shareholder and provide your investor code if you are a registered shareholder to avoid duplicate shareholder accounts being created. This may be found on your share certificate(s).

** The Company may, if necessary, disclose information to HMRC and the IRS in order to satisfy its FATCA and/or CRS obligations.

If you are not using a financial intermediary for this application, please tick this box if you agree to the use of electronic means to verify your identity



Please complete this section if New Shares allotted are to be deposited in a CREST Account (which must be in the same name as the Applicant given in section 1 above).

CREST Participant ID:

CREST Member Account ID:

Participant Name:

Address:

Contact Telephone No.:

If you would like your New Shares issued to a non-CREST nominee, please complete the above section providing details equivalent to those requested for CREST.

SECTION 2: APPLICATION AMOUNT

I offer to subscribe for New Shares in respect of the following Application Amount on the terms and conditions of application as set out in the Prospectus and subject to the Articles of Association of the Company.

Applications must be for a minimum of £2,000 and thereafter in multiples of £500. £ _____

The Finance Act 2014 which came into force with effect from 6 April 2014 restricts the availability of income tax relief on a subscription for shares in a VCT issued after 5 April 2014 where it is 'linked' to a sale of shares in the same VCT or if an investor subscribes for shares in a VCT within six months before or after selling any shares in that same VCT. Please see paragraph 1.3 of Part VII on page 33 of the Prospectus for further details.

I enclose a cheque or banker's draft drawn on a UK clearing bank, made payable to "City – Unicorn AIM VCT Offer"

OR

I have made the above payment by electronic bank transfer which I have referenced using my surname and initials

AND

Please tick this box to confirm that your subscription payment has been made from an account in your name.

If not, please state below your relationship to the holder of the account from which payment was made (please refer to the Money Laundering Notice on page 66):

SECTION 3: ADVISED INVESTORS REQUESTING FACILITATION OF UP-FRONT ADVISER CHARGES

Insert the amount of up-front adviser charges you would like facilitated to your financial intermediary.

Amount* of the agreed up-front adviser fee £: _____
(*maximum 4.5% of the total Application Amount stated in Section 2)

Please insert 'Nil' if no fees are required to be facilitated.

SECTION 4: DIVIDENDS AND COMMUNICATION

DIVIDEND PREFERENCES

If you would prefer any dividends to be paid directly into your account, please indicate your account details here, otherwise you will be sent a cheque:

Account Name:

Bank/Building Society:

Sort Code:

Account Number:

INVESTOR COMMUNICATIONS

How would you like to receive copies of statutory communications, such as annual and half-yearly reports?

Email

Post

SECTION 5: SIGNATURE

Signature of Applicant: _____

Date: _____

Print name: _____

BY SIGNING THIS APPLICATION FORM I HEREBY IRREVOCABLY DECLARE THAT:

- (i) I have read and understood, and agree to be bound by, the Offer Terms and Conditions and Application Procedures set out in the Prospectus and as further set out in this Application Form;
- (ii) if I have completed Section 3, I am declaring and validating to the Company, the Investment Manager and the Receiving Agent the amount of the facilitation charge(s) specified therein and am agreeing to the making of a facilitation payment of that amount;
- (iii) to the best of my knowledge and belief, the particulars I have given are correct; and
- (iv) I hereby authorise the Company, the Receiving Agent and the Company's registrar to provide, to the financial intermediary, as noted in this Application Form (or such replacement financial intermediary as I may notify the Company of), upon request, information regarding my shareholding in the Company. This authority shall remain in effect until I revoke such authority.

The Company respects your privacy and is committed to protecting your personal information. If you would like to find out more about how the Company uses and looks after your personal information, please refer to its privacy notice, which can be found at www.unicornaimvct.co.uk/investor-area/unicorn-aim-vact/privacy-policy.

TO BE COMPLETED BY THE INTERMEDIARY

SECTION 6: FINANCIAL INTERMEDIARY DETAILS

Firm Name:

Investment Adviser/Partner:

Firm FCA Authorisation No. (e.g. ABC00001):

Investment Adviser/Partner FCA Registration No. (e.g. 123456):

Firm Address:

Investment Adviser/Partner Reference (if applicable):

Investment Adviser/Partner Email Address:

Main Point of Contact for Communication Purposes:

Postcode:

Telephone No.:

Email Address:

SECTION 7: FINANCIAL INTERMEDIARY REMUNERATION

Please tick **EITHER** Option 1 **OR** Option 2 and ensure that this is consistent with section 3 of the Application Form.

OPTION 1: Tick this box if you have provided advice to your client and any agreed up-front adviser charges comply with COBS 6.1a.

If you have ticked Option 1 go directly to Section 9.

OPTION 2: Tick this box if you have provided execution-only services to your client and are entitled to receive commission.



SECTION 8: COMMISSION WAIVER DETAILS

Only complete if commission selected (option 2) in Section 7.

Initial commission may be waived* for the benefit of your client.

Please insert the amount of commission you wish to be waived in the box. _____ %

(*maximum of 3% of the application amount stated in Section 2)

SECTION 9: INTERMEDIARY BANK DETAILS

Please provide details of your bank or building society account details for facilitation of up-front adviser charges or commission payments.

Account Name: _____

Bank/Building Society: _____

Sort Code:

Account Number:

SECTION 10: FINANCIAL INTERMEDIARY CERTIFICATE AND SIGNATURE

By submitting this application form, we, the financial intermediary identified in Section 6 above confirm that:

- (i) We have read and understood, and agree to be bound by, the Offer Terms and Conditions and Application Procedures set out in the Prospectus and as further set out in this Application Form;
- (ii) we have applied customer due diligence measures on a risk-sensitive basis in respect of the applicant to the standard required by the Money Laundering Regulations 2007 within the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group and that in the event that the Company, the Investment Manager and/or the Receiving Agent require additional information in order to accept the subscription, we will provide it to them within 2 Business Days of receiving their request, or if we do not have the information required, arrange for the information to be provided to them;
- (iii) where we have provided advice to the applicant in connection with an investment in the Company, such investment is considered to be a suitable investment for the applicant in their current circumstances; and
- (iv) our details included in this Application Form are true and accurate.

We undertake to forthwith notify the Company of any changes to our details provided above and/or if the applicant ceases to be our client in respect of his or her investment in the Company.

Signature of Adviser: _____

Print name: _____ Date: _____

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