MAVEN VCT OFFERS - APPLICATION FORM

TO BE COMPLETED BY AN APPLICANT AND/OR THEIR FINANCIAL INTERMEDIARY (a nominee wishing to apply on behalf of an investor should contact the Receiving Agent, City Partnership, for alternative instructions). Before applying you should read the Terms and Conditions of Application contained in the Securities Note, and the Application Form Instructions. Definitions used in the Securities Note dated 13 October 2023 apply to this Application Form. The Securities Note, Registration Document and Summary (together the "Prospectus") can be downloaded from: www.mavencp.com/vctoffer.

Please complete this form as outlined in the Application instructions or it may not be accepted, and use BLOCK CAPITALS.

To be completed by the Applicant (or by an intermediary if they are applying on behalf of an Applicant)

1. Only required if	the application	on is thro	ough a Financi	al Interme	diary – if you a	əre əpplying d	irectly go to Sect	ion 2.
Please tick this	box if the app	lication is	being made thr	ough a Fina	ncial Intermed	liary (FI).		
Network or service	provider used t	y the FI:						
2. Applicant Detai	ls							
Title (e.g. Mr/Mrs/D	г):		Forename(s):					
Surname(s):					Date	of Birth:	/ /	
Address:								
						Post Code	: :	
If you have lived at	your current a	ddress for	less than three	years, pleas	se provide your	previous add	lress:	
						Post Code	2 :	
Email:								
Daytime Telephone:								
Tax residency: if your Taxpayer Reference						ince number t	pelow (or your U	nique
National Insurance N	National Insurance Number:				UTR:			
Please indicate any	other countries	where y	ou are a tax resi	dent, and th	ne taxpayer ide	ntification nu	mbers (TIN):	
Country:	Т	IN:		Country:		TIN:		
Existing shareholde	er details: if yo	u (or you	r spouse/partner	r) are a shar	eholder in any	Maven VCT, p	olease TICK ONE	BOX:
Shares held on	share register	with the	following shareh	older refere	nce (CIN*):			
*The CIN may be lo registered for the Co						'My Shares" p	age if you have	
Shares are held	with the follo	wing nom	ninee:					
3. Application Am	ounts							
The payment provide initial adviser charge for a minimum of £5 VCTs to which you ar	to be paid to a	financial and for a	adviser (which	the adviser i	must specify in	Section 8a).	An Application n	nust be
I wish to apply for t accepted (in accorda						which this Ap	oplication will be	
Tax Year	Maven VCT 1		Maven VCT	3	Maven VC1	Г 4	Maven VCT 5	
2023/2024 £		.00	£ ,	.00	£ ,	.00	£,	.00
2024/2025	E	.00	£ ,	.00	£ ,	.00	£ ,	.00
Total (per VCT)		.00	£	.00	£	.00	£	.00

Re-allocation/Return Instructions

In the event that one or more of the Offers for which I have applied has closed, or is deemed closed, at the time my Application Form is processed, then I hereby request the following (TICK ONE BOX only):						
(a) the amount in respect of the closed Offer(s) to be re-allocated equally between the Offer(s) that I have applied for and that remain open (in respect of the same tax year), OR						
(b) the amount in respect of the closed Offer(s) be re-allocated equally between ALL of the Offer(s) that remain open (in respect of the same tax year), regardless of whether I have applied for them, OR						
(c) the amount in respect of the closed Offer(s) be returned to me by bank transfer to the account detailed in Section 4						
Please note – if you fail to tick a box above, the default position set out in the Application Instructions will apply, and your Application monies will be re-allocated accordingly.						
4. Payment Details						
TICK ONE BOX below to indicate how you are paying, and provide details of your account. Payment should be made as soon as you have submitted the application - any delay in providing funds may affect acceptance of the Application.						
When you make your payment, please use a reference (alphanumeric, no spaces) which comprises your initials followed by the telephone number you have given in Section 2. Payment must be in pounds sterling from an account in your sole or joint name (3rd party payments will not be accepted, including from business accounts).						
Bank transfer to be made to the following account (please use the payment reference format above):						
Account Name: City-Maven VCTs-Segregated Account number: 22226364 Sort Code: 802260						
Cheque or banker's draft made payable to City-Maven VCTs-Segregated (please write your payment reference on the reverse).						
Details of your account (from which you will provide funds or write a cheque):						
Account Name:						
Sort Code: Account Number:						
5. Shareholder Preferences						
Share Registration : if you wish any New Shares, for which your Application is accepted, to be issued to a Nominee (rather than receive a Share certificate) please provide the following Nominee information:						
CREST Participant ID (if applicable): CREST Member Account ID (if applicable):						
Nominee Name:						
Contact Name:						
Contact Email:						
Address:						
Post Code:						
Note: If Nominee information has been provided above, do not complete the "Communications from the VCTs" and "Dividends" sections below - you should instead contact your nominee regarding your preferences).						
Communications from the VCTs: please TICK ONE BOX only to indicate how you would like to receive annual and interim reports, or to be notified of their online publication, in respect of any New Shares and existing holdings in the VCTs for which you have applied:						
Notifications by email: Notifications by post: Hard copy documents by post:						

Dividends Please TICK ONE BOX to indicate how you wish to receive all dividends paid by the Companies to which you have applied (in respect of New Shares and existing Shareholdings). If you do not tick an option, you will receive dividends in line with							
your current choice (if you are already a Shareholder in the Companies) or otherwise by cheque.							
Paid by bank transfer - I elect to have my dividends paid into the account below (write "As Above" if they should be paid to the account detailed at 4):							
Account Name:							
Sort Code: Account Number:							
Dividend Investment Scheme (DIS) - I elect to participate in the DIS of those Companies to which I have applied, and confirm that I have read the terms and conditions of those schemes.							
VCT Marketing Information : if you would like Maven to register you to receive VCT newsletters, news of portfolio investments and information about future VCT Offers, please TICK THIS BOX :							
f you are not applying through a financial intermediary, go straight to section 6.							
Authority for the Registrar to Provide Shareholding Information to a Financial Intermediary							
Tick this box if, once your Shares have been allotted, you are happy for the Registrar to provide information about your shareholdings (in the Companies to which you have applied) on request to any financial intermediary noted in Section 7 (and any associated network or 3rd party service provider noted in Section 1, that the intermediary uses). This authority shall remain in effect until you revoke it by informing the Registrar in writing. If you do not tick the box, any previous authorities provided in respect of the Companies to which you have applied will expire, and the Registrar will not be able to provide them with information about your shareholdings unless you provide a new authority.							
i. Applicant's Declaration (only to be signed by an Applicant; signature not required if the Application has been ompleted by an intermediary on the Applicant's behalf)							
I DECLARE THAT: (i) I have read the Terms and Conditions of Application set out in the Securities Note and agree to be bound by them, including providing funds and any evidence of identity requested by the Receiving Agent; (ii) I have provided accurate information, and will notify the relevant Companies in the event there are changes to my personal circumstances; (iii) I understand that this subscription represents a long-term investment and have read the risk factors set out in the Securities Note and the full Prospectus; and (iv) I have read USE OF YOUR PERSONAL INFORMATION in the Securities Note regarding the use of my personal data provided with this application, and agree to its use in accordance with that section.							
Please indicate who is completing this section: The Applicant The financial intermediary on behalf of the Applicant							
Applicant Signature: Date: / / /							
Remaining Sections to be completed only by a Financial Intermediary (if applicable). 7. Financial Intermediary Details							
Firm Name:							
FCA Number: Administrator/Contact name*:							
Email*:							
Telephone*:							
*The Receiving Agent will use these contact details to issue application acknowledgements, or in the event of any queries in respect of this Application or intermediary fees/commissions.							
Please tick this box if you wish Maven to use these details to send you information about its VCT offers and VCT related news.							

8. Initial Adviser Charges or Commissions

Please complete ONLY ONE of 8a OR 8b

Signature:

8a. Initial Adviser Charge (only where advice has been provided to the applicant)

facilitated to you by the Receiving Agent from the monies provided by the Applicant with the App adviser charge can be a maximum of 4.5% of the Application Amounts and must be included in the shown in Section 2 and as part of the monies provided by your client. If no initial Adviser Charge the application monies, please enter "£0".	he Application Amounts					
Initial adviser charge to be paid (must be a £ amount, not a %):	£ , .00					
Bb. Initial Commission (only for non-advised applications)						
You are entitled to up to 3% initial commission in respect of a non-advised or execution-only appall or part of the initial commission for the benefit of your client. Enter in the box below the part commission that is to be waived (for example, if you are to be paid 1% initial commission then enter "O" if you are not waiving any commission).	of the maximum 3%					
Initial Commission to be waived (% between 0% and 3%):	. %					
Payment of Initial Adviser Charges and Initial Commissions: payment will be made to your account by bank transfer. Please provide the account details below. If you would like your accounting or finance team to receive a copy of the commission or fee statement issued by City Partnership, please provide their email address (later requests for copies of commission or fee statements will incur a £10 administration charge by City Partnership).						
Account Name:						
Sort Code: Account Number:						
Email (of accounts/finance contact):						
9. Financial Intermediary's Declaration						
By signing this form I HEREBY DECLARE THAT I have read the Terms and Conditions of Application Note (and as further contained herein) and agree to be bound by them. I confirm that: (i) I have this declaration on behalf of the Financial Intermediary; (ii) the amount inserted in Section 8a or 8 has been agreed with the Applicant named in Section 2; (iii) we have verified the Applicant's identified by the Money Laundering Regulations; (iv) where advice has been provided in respect of investment is considered suitable for the Applicant in their current circumstances, and we confirm characteristics of the Maven VCTs, including risks, fees and charges, which have been clearly explored also confirm that the Applicant falls within the identified and intended target market, and that the investment offers fair price and value when aggregated with any distributor related fees and trail commission is being paid in connection with this Application, we will confirm to Maven and the	the authority to sign 8b above (if applicable) hitty to the standard this application, such our understanding of the ained to the Applicant. t we are comfortable that charges; and (v) where					

Enter in the box below the amount of any initial adviser charge, agreed between you and your client, which is to be

Submitting your Application (see the APPLICATION NOTES AND INSTRUCTIONS document)

Application Forms must only be submitted to the Receiving Agent City Partnership (not to Maven). If you have any questions about completion of this form, please contact City Partnership.

Applicant still holds the shares and remains our client, and that we have not subsequently provided advice in respect of the shares allotted. If we have completed the Application Form on behalf of the Applicant, I confirm that the Applicant has

given us the authority to do so, and that the Applicant will be providing funds in respect of the Application.

Please either email the completed Application Form to mayencp@city.uk.com or post it to Mayen VCT Offers, The City Partnership (UK) Ltd, The Mending Rooms, Park Valley Mills, Meltham Road, Huddersfield HD4 7BH. If you are paying by cheque or banker's draft, please ensure that it is attached to the Application Form.