SHARE APPLICATION FORM FOR CAISTOR AND DISTRICT COMMUNITY TRUST LTD



THANK YOU

FOR INVESTING

IMPORTANT: Before completing this form, read the Share Offer document. Consider if you need to take financial advice in relation to the terms and condition of this offer.

ALL FURTHER INFORMATION ON THE SHARE OFFER AND CAISTOR AND DISTRICT COMMUNITY TRUST LTD'S RULES CAN BE VIEWED AT HTTPS://2-4MARKETPLACECAISTOR.CO.UK

FIRST NAME		LAST NAME	
ADDRESS			
OWN/CITY		POSTCODE	
RGANISATION/BOD	Υ		
MAIL		TEL	
DATE OF BIRTH			(Confirmation you are over 16 years of ag
		CHAREC	
NUMBER OF SHARES	ADDITED FOR AT CLEACH	SHARES	
NUMBER OF SHARES	APPLIED FOR AT £1 EACH	nt £50 and maximum investment	+ £35,000
TOTAL AMOUNT INV		£	t E33,000.
MEMBERSHIP: I am a	already a member of Caistor ar	nd District Community Trust Ltd	Yes No
,	PAY	YMENT METHOD	caistorcommunityshares@gmail.com Cheque Bank Transfer
DO NOT SEND CASH	PA) 1: Tick as appropriate	YMENT METHOD	Cheque Bank Transfer
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Completed application forms to be returned to:

By Post: Caistor and District Community Trust Ltd 14 Marris Way, Caistor LN7 6JJ

In Person: Please put this form an envelope and take to Caistor Post Office, 25 Market Place, Caistor