

APPLICATION FORM

SECTIONS 1 – 6 OF THIS APPLICATION FORM MAY BE COMPLETED BY THE APPLICANT, THE APPLICANT'S FINANCIAL INTERMEDIARY, OR AN INDIVIDUAL ON BEHALF OF THE APPLICANT WHO IS AUTHORISED TO DO SO.

SECTION 1 – FINANCIAL INTERMEDIARY FIRM

☐ Please tick this box if a financial intermediary firm is associated with this Application.

If the financial intermediary firm is associated with a network or service provider/platform, please tick the relevant box below or provide the name of the network or service provider:

- | | | |
|---|---------------------------------------|---------------------------------------|
| ☐ GrowthInvest | ☐ Openwork Ltd | ☐ Platform One |
| ☐ Quilter | ☐ SIFA | ☐ SimplyBiz |
| ☐ St James's Place Wealth Management | | |

Other (please specify):

SECTION 2 – APPLICANT DETAILS

Personal details

Title	Forename(s)	Surname
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Date of Birth

Current address

Address 1	Address 2
Address 3	City
Country	Postcode

If you are an existing shareholder, please ensure that the details provided exactly match those shown on your existing share certificate(s).

Previous address

For identity verification purposes, if you have lived at your current address for less than three years, please provide your previous address below:

Address 1	Address 2
Address 3	City
Country	Postcode

Contact details

The Receiving Agent and/or Manager will communicate with you via email regarding the processing of this Application and the associated monies. Please provide your email address below.

Email Address

For Applications accepted under the Offers, the Companies' Receiving Agent will send the associated allotment letter by email within three working days following the allotment. The Companies' Registrar will send the associated share and tax certificate(s) in the post (if applicable) within approximately 30 working days following the allotment.

As the Receiving Agent asks that you use your telephone number as part of your payment reference, please provide it below. The Receiving Agent and/or Manager may contact you via telephone regarding the processing of this Application and the associated monies.

Telephone Number

Marketing communication preferences

The Manager, Albion Capital Group LLP, would occasionally like to contact you about news and events relating to the Albion VCTs. For information about how we use your data please see www.albion.capital/privacy-notice. If you are happy to be contacted, please tick the box below:

☐ I would like to receive email communications from Albion Capital Group LLP about VCT news and events

UK tax residency details

If you are a tax resident of the United Kingdom, please provide your National Insurance number below. Please provide your Unique Taxpayer Reference if you do not have a National Insurance number.

National Insurance number	Unique Taxpayer Reference
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Non-UK tax residency details

Other than the United Kingdom, please list below any countries in which you are a tax resident and the associated Taxpayer Identification Number (TIN) or equivalent:

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

US citizen

☐ I am a US citizen (as defined in the Prospectus).

The Companies, the Manager, the Receiving Agent and/or the Registrar may, if necessary, disclose information to HMRC and the IRS to satisfy its FATCA and/or CRS obligations.

Existing shareholder

If you are an existing shareholder in one or more of the Companies, please tick the relevant box(es) below.

☐ Please tick this box if you are an individual certificated shareholder in any of the Companies. If known, please provide your Shareholder Reference Number(s) ("SRNs") in the box(es) below. **Alternatively, you may leave the box(es) blank.**

ALBION ENTERPRISE VCT PLC

Reference

ALBION TECHNOLOGY & GENERAL VCT PLC

Reference

ALBION CROWN VCT PLC

Reference

☐ Please tick this box if you are a beneficial holder of shares in any of the Companies. Please provide the name of the nominee(s) in the box(es) below.

ALBION ENTERPRISE VCT PLC

Nominee Name

ALBION TECHNOLOGY & GENERAL VCT PLC

Nominee Name

ALBION CROWN VCT PLC

Nominee Name

SECTION 3 – APPLICATION AMOUNT

Your total application must be for **at least £6,000 and in whole pounds sterling**. The minimum subscription for a Company's offer is £2,000. **The minimum subscription amount excludes any initial adviser charge**. If you are not subscribing for a specific Company's offer, please enter '0' in the associated box.

I hereby offer to subscribe the following total application amount (**including** any initial adviser charge for facilitation as detailed in Section 8) in whole pounds sterling for New Shares at the relevant Offer Price on the Terms and Conditions of the Offers as set out in the Prospectus.

Please complete either (A) or (B):

(A) Total Application Amount to be split equally across all Companies.

I hereby offer to subscribe the following total Application Amount (**including** any initial Adviser Charge as set out in Section 8), to be split equally under the Offers that are open at the time that my Application Form is deemed fully complete by the Receiving Agent:

Tax Year 2025/26

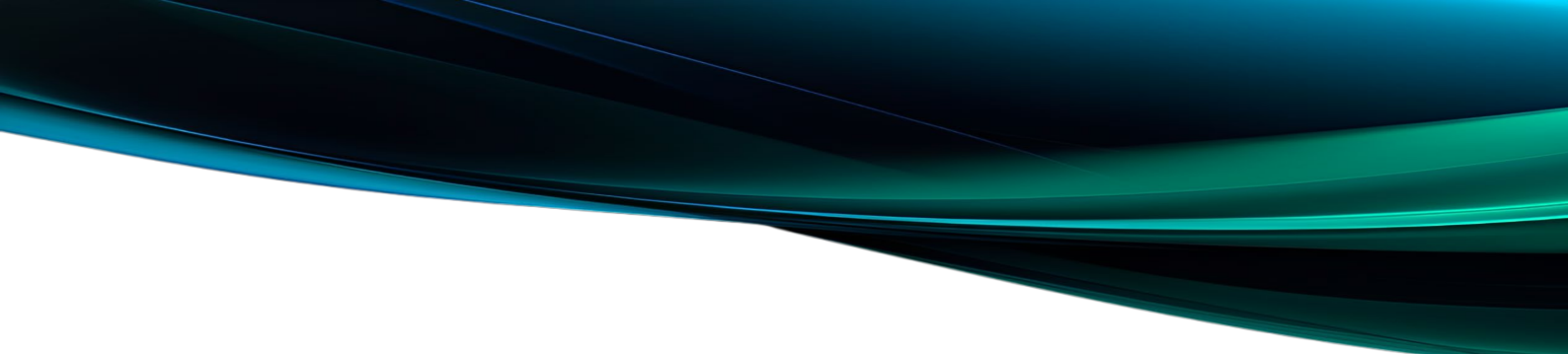
Total Application Amount	
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(B) Applications to one or more of the Offers or for differing amounts

I hereby offer to invest the following Application Amounts (**including** any initial Adviser Charge as set out in Section 8) in pounds sterling for New Shares at the relevant Offer Price on the Terms and Conditions of the Offers:

	Tax Year 2025/26
ALBION ENTERPRISE VCT PLC	
ALBION TECHNOLOGY & GENERAL VCT PLC	
ALBION CROWN VCT PLC	

Total Application Amount (£)



Income tax relief may be claimed by qualifying investors regarding the total application amount accepted under the Offers **excluding** any initial adviser charge to be facilitated (as detailed in Section 8).

Re-allocation or return?

If an Offer for which you have subscribed has, or is deemed to be, closed at the time your application (in whole or part) is processed, please confirm your preference below.

- ☐ The amount in respect of the closed Offer(s) be **re-allocated**, in whole pound amounts, so that it is invested **per the proportions above** in the remaining Offer(s) which is/are open.
- ☐ The amount in respect of the closed Offer(s) be **re-allocated**, in whole pound amounts, so that it is invested **equally** in all the remaining Offer(s) which is/are open.
- ☐ The amount in respect of the closed Offer(s) be **returned to me**.
- ☐ The **total application amount** be **returned to me**.

SECTION 4 – PAYMENT

All payments are to be made by bank transfer **only**. Applications will not (unless otherwise agreed by the Companies) be regarded as valid unless cleared funds are received in respect of this Application Form. **Applications with cleared funds (in full) received within two business days from receipt of application (or, if earlier, before an Offers deadline or close of an Offer) will be given priority.**

☐ I will pay the total amount in Section 3 by bank transfer to the account detailed below

Bank name: **Bank of Scotland**
Account name: **City-Albion VCTs Jnt Offers-Segregated**
Account number: **27429567**
Sort code: **80-22-60**

Please reference your transfer(s) using your initials and telephone number (alphanumeric, no spaces) from Section 2 – Applicant Details.

Remitting bank account details

Please provide the details of the remitting bank account below. Unless the Applicant's nominee, intermediary, or investment platform has pre-agreed alternative arrangements with the Receiving Agent, the bank account should be a pound sterling account held at a UK-regulated credit or e-money institution in the sole/joint name of the Applicant.

Account in name of	
Sort Code	Account Number
Build Soc Roll/Ref No.	

SECTION 5 – SHAREHOLDING PREFERENCES

Registration

For any New Shares for which this Application is accepted, please confirm your shareholding registration preference:

- ☐ Individual certificated shareholding
- ☐ Nominee – CREST shareholding
- ☐ Nominee – certificated shareholding

Nominees

If you have elected to hold any New Shares for which your Application is accepted in a nominee (CREST or otherwise), please provide the relevant details below:

CREST Participant ID	CREST Member Account ID
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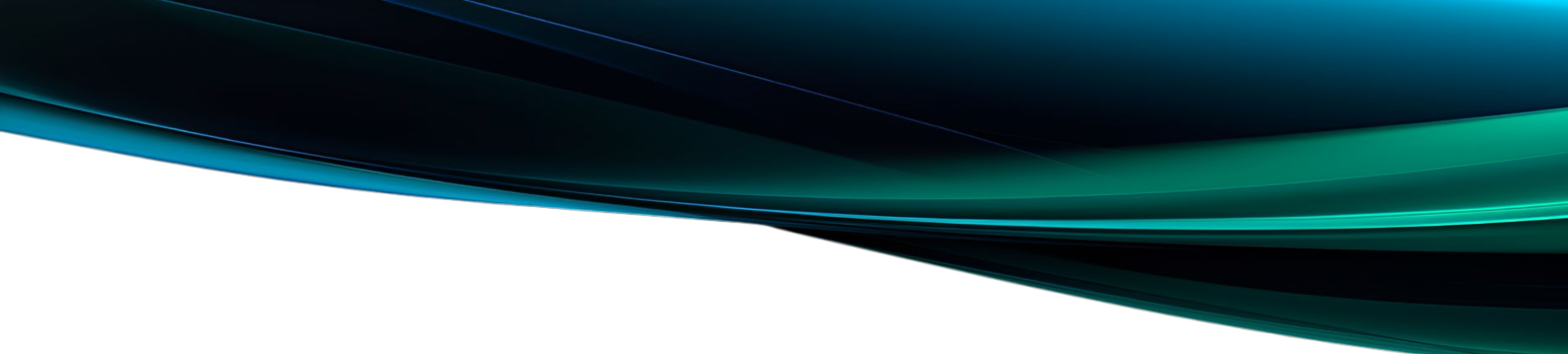
Nominee Name

Nominee Account Ref/No

Nominee Contact Name	Nominee Contact Telephone Number
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Nominee Contact Email Address

Address 1	Address 2
Address 3	City
Country	Postcode



The “Communications” and “Dividends” sections below concern individual certificated holdings only. Applicants who wish to hold new Shares within a nominee (CREST or otherwise) should contact the nominee regarding their preferences following the relevant allotment.

Communications

The Companies would like to communicate with you in respect of your shareholding(s). Please tick the relevant box below.

- ☐ I am a **new investor** and understand that the Companies will communicate with me by **email** in respect of my shareholding(s).
- ☐ I am an **existing Shareholder** and understand that I will **retain my current communication preference**. If my registered preference is "deemed consent", I understand the Manager will update my e-communications details with the email address provided in Section 2 of this Application.

If you would like to change your registered communication preference, please contact the Companies' Registrar, Computershare Investor Services PLC. Existing shareholders may do so at any time; however, new investors must wait until the allotment of any New Shares for which their Application is accepted.

Dividends

For any dividends that may, from time to time, become due on any New Shares which stand in your name on the Companies' registers, please confirm your payment preference by ticking the relevant box below. If you are an existing Shareholder, your selection below will apply to your total shareholding in the relevant Company.

ALBION ENTERPRISE VCT PLC

- ☐ Cash – Bank Transfer
- ☐ Dividend Reinvestment Scheme

ALBION TECHNOLOGY & GENERAL VCT PLC

- ☐ Cash – Bank Transfer
- ☐ Dividend Reinvestment Scheme

ALBION CROWN VCT PLC

- ☐ Cash – Bank Transfer
- ☐ Dividend Reinvestment Scheme

Dividend bank mandate

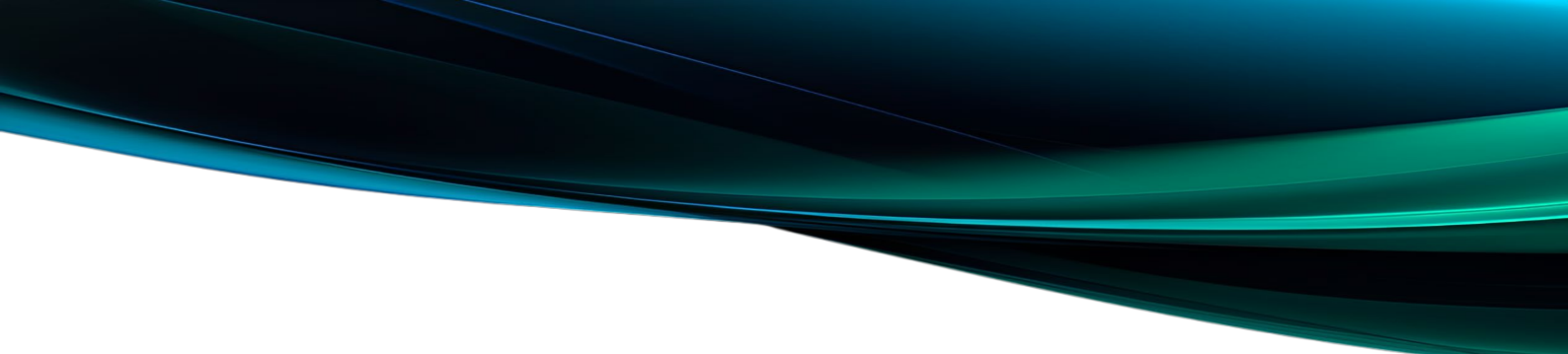
If your dividend preference is "Cash – Bank Transfer", please provide the details of the bank account into which you wish the Companies to pay any dividends below. The bank account should be a pound sterling account held at a UK-regulated credit or e-money institution in the sole/joint name of the Applicant.

Account in name of	
Sort Code	Account Number
Build Soc Roll/Ref No.	

SECTION 6 – APPLICANT DECLARATION

By signing (or equivalent) and submitting this Application Form, I hereby irrevocably declare that:

1. I have read and understood, and agree to be bound by, the Terms and Conditions of Application and the Prospectus and as further set out in this Application Form.
2. I acknowledge the existence of the Key Information Documents which can be found on <https://albion.capital/offers> and also in the “Corporate Governance” section under “Other” for each relevant Albion VCT on the Albion Capital website at www.albion.capital/vct-funds.
3. Where applicable, I confirm that I have read, understood and accept the terms and conditions of the relevant Company’s Dividend Reinvestment Scheme, which can be found under the Dividends section for each of the Albion VCTs in the “FUNDS” section on the Albion Capital website at www.albion.capital/vct-funds.
4. The individual identified by the details provided in Section 2 will be the beneficial owner of the New Shares in the Companies as issued to them pursuant to the Prospectus.
5. To my knowledge, I have provided accurate information and signed or personally inserted by name/electronic signature below. Where I/we have completed this Application Form on behalf of the Applicant, I/we confirm that the Applicant has given me/us the authority to do so.
6. Where applicable, I confirm the amount of the initial adviser charge payable to my financial intermediary set out in Section 8 and agree to the Companies facilitating payment of such as set out in this Application Form.
7. I hereby acknowledge that the Companies, the Manager and the Registrar may provide to the financial intermediary noted in Section 7 (including any associated network or service provider noted in Section 1) (or such replacement financial intermediary, network or service provider as notified in writing or where the replacement has otherwise satisfied the Manager as to their authority) upon request, information regarding my shareholdings in the Companies. I may, at any time, notify the Manager that a financial intermediary no longer acts for me.



Please confirm below whether this Application Form will be signed by or on behalf of the Applicant:

☐ I am the Applicant and will personally sign below.

☐ I am the Applicant's financial intermediary (as per Section 7) and will sign below on behalf of the Applicant.

☐ I am not the Applicant's financial intermediary, but the Applicant has given me the authority to sign this Application Form on their behalf and, where necessary, has instructed me to make this investment. To allow the Receiving Agent to process this form, I will provide the evidence required by the Receiving Agent as set out in the Application Form Notes.

Signature

Print Name

Date

IF APPLICABLE, THE REMAINDER OF THE APPLICATION FORM MUST BE COMPLETED BY AN AUTHORISED REPRESENTATIVE OF THE ASSOCIATED FINANCIAL INTERMEDIARY FIRM.

SECTION 7 – FINANCIAL INTERMEDIARY DETAILS

Firm details

Firm Name	Firm FCA No.
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Individual adviser/intermediary details

The Receiving Agent will use these contact details to issue Application acknowledgements, or in the event of any queries in respect of this Application Form or intermediary fees/commissions.

Name

Email Address

Telephone Number

If this Application Form is associated with St James's Place Wealth Management, please provide the relevant Partner Code in the box below. Failure to provide a valid Partner Code will delay the processing of this Application Form.

SJP Partner Code (if applicable)

SECTION 8 – FINANCIAL INTERMEDIARY REMUNERATION

Please confirm the nature of the service provided to the Applicant by ticking one of the boxes below:

- ☐ (A) This is an ‘advised-own’ case (i.e., an individual adviser subscribing on behalf of themselves) or I have provided financial advice to the Applicant who is a Retail Client (as per COBS 3.4) of my firm, and we have agreed on an initial adviser charge (NIL or otherwise), which complies with COBS 6.1A.
- ☐ (B) We have acted in an execution-only capacity on behalf of the Applicant for which we are entitled to 0.4% of the total application amount in trail commission for up to five years until 31 March 2030, per the terms contained in the Prospectus, COBS 2.3/2.3A and any other applicable FCA regulations.

Initial adviser charge

If you have ticked (A) above and would like the Companies to facilitate the payment of the initial adviser charge, please insert the initial adviser charge agreed with the Applicant in the box below. **Note that this amount will be deducted from the total application amount in Section 3 when determining the number of New Shares to be allotted.** Please enter “0” (i) if NIL or (ii) if you have made alternative payment arrangements with the Applicant or (iii) if this application is in respect of your own investment.

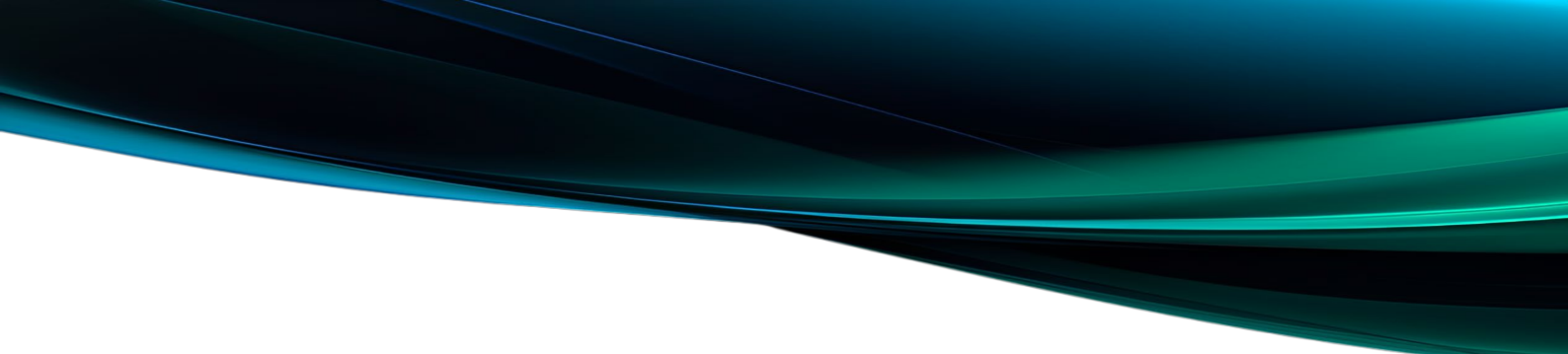
£	
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Note: Income tax relief is available on the amount invested, **excluding** any facilitated adviser fee.

Payment administration

Please confirm the firm’s bank account into which any initial facilitated adviser charge or trail commission payments associated with this Application should be paid:

Account in name of	
Sort Code	Account Number



If this Application Form is associated with St James's Place Wealth Management, please provide the relevant AOR number in the box below. Failure to provide a valid AOR number will delay the processing of this Application Form.

SJP AOR Number (if applicable)

Firm's finance department email address

If you would like your firm's finance department to receive a copy of a statement of payment, please provide the relevant email address below. Please note that, where applicable, the Receiving Agent will email a copy of the statement to the individual adviser/intermediary detailed in Section 7.

Firm's Finance Department Email Address

Please note that retrospective requests for additional copies of statements will be issued by the Receiving Agent in return for a £11 administration fee.

SECTION 9 – FINANCIAL INTERMEDIARY DECLARATION

By signing (or equivalent) and submitting this Application Form, we, the financial intermediary firm identified in Section 7, confirm that:

1. We have read and understood, and agree to be bound by, the Terms and Conditions and the Prospectus and as further set out in this Application Form.
2. We have applied customer due diligence measures on a risk-sensitive basis regarding the Applicant and this Application to the standard required by the Money Laundering Regulations within the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group. If the Companies, the Manager, or the Receiving Agent require additional information to accept the Application, or at any time after acceptance of the Application, we will provide it to them within two Business Days of receiving their request. We will retain copies of our customer due diligence for the period required by the Money Laundering Regulations.
3. We confirm our understanding of the characteristics of the Companies (including risks, fees and charges) and that this has been clearly explained by us to the Applicant. We confirm that the Applicant falls within the Companies identified and intended target market and are comfortable that the Companies offer fair price and value when aggregated with our related fees and charges.
4. Our details included in this Application Form are true and accurate.
5. We undertake to notify the Companies of any changes to our details provided above or if the Applicant ceases to be our client regarding their investment in the Companies.
6. Where we have completed and signed this Application Form on behalf of the Applicant, we confirm that we are duly authorised by the Applicant to do so (and will provide the power of attorney or a copy thereof duly certified in ink by a solicitor or bank on request).
7. The individual who has signed the form has the authority to sign this declaration on behalf of the financial intermediary firm detailed in Section 7.

Signature

Print Name	Date
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