

**APPLICATION TO BECOME AN INVESTOR MEMBER OF NORTH UIST
DEVELOPMENT COMPANY TRADING (NUDC-T) COMMUNITY BENEFIT SOCIETY**



For a joint application, please photocopy this form and ensure that each joint applicant completes and signs the form. All parties to a joint application must be eligible for membership, and one of the applicants must act as the nominee representing the interests of the joint applicants. Joint applicants are treated as one member with one vote.

1	Investor Name _____	ABOUT YOU
	Investor Address _____	
	_____ Postcode _____	
	Investor Email _____	
	Investor Phone _____	
If you wish to hold shares on behalf of children or nominate a person to whom you wish your shares to be transferred on your death, please tick the box and complete the additional information overleaf. <input type="checkbox"/>		

2	How much do you want to invest? (minimum £250, maximum £100,000) £ _____	SHARES
	<ul style="list-style-type: none"> If the share offer is oversubscribed and/or unable to offer you any or all the shares you have applied for, we will refund the difference by cheque to the address above unless we are notified otherwise. In the event of the offer failing to reach its minimum target your money will be returned to you in full. 	

3	<input type="checkbox"/> I confirm that: (this consent is required for us to accept your investment) <ul style="list-style-type: none"> I am 16 years old or older I understand that the Board of Directors of NUDC-T Community Benefit Society may reject my application, and are not obliged to tell me why it has been rejected. I have read the share offer document and understand and accept the terms of the share offer and the Rules of NUDC-T Community Benefit Society I understand that the board may conduct such checks as necessary to comply with money laundering regulations 	CONSENT
	<input type="checkbox"/> I consent to NUDC-T keeping my details in compliance with General Data Protection Regulation (GDPR) (EU) 2016/679	
	<input type="checkbox"/> I consent to receiving formal notices by the email address on this form and links to formal documents on the society website (optional)	
	Signed _____ Date ____ / ____ / ____	

- I will pay electronically. Payment details: Sort code: 80-22-60, Account number: 11077562. Please put your name and postcode in description. Note this form must be filled out even if paying electronically and sent to the address below.
- I will pay by cheque. Please send cheques payable to 'North Uist Development Company Trading Ltd.
- I will pay online. Please complete your online payment on our website www.uistwind.com and save a copy of this completed document to send to info@uistwind.com

All payments & completed application forms must be received no later than 31 December 2018
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APPLICATION TO BECOME AN INVESTOR MEMBER OF NUDC-T COMMUNITY BENEFIT SOCIETY (Continued)



- Send your completed form (& cheque if applicable) to: Mann Judd Gordon Chartered Accountants, 24-26 Lewis Street, Stornoway, Isle of Lewis, HS1 2JF
- Drop off your form at the NUDC-T office: Claddach Kirkibost Centre, Isle of North Uist, HS6 5BD
- Complete the form electronically, save it as a PDF and email it with a note of how you paid to: info@uistwind.com

ADDITIONAL INFORMATION

You can choose to:

- Hold shares on behalf of children and/or
- Nominate a person to whom you wish your shares to be transferred on your death.

HOLDING SHARES ON BEHALF OF CHILDREN

If you wish to hold shares on behalf of someone who is under 16, please fill in that person's details below (PLEASE USE CAPITAL LETTERS). The donor must also be eligible for membership in their own right, and should also fill in their detail as an 'Applicant' above.

	Child
First Name	
Last Name	
Address (if different from overleaf)	
Postcode	

NOMINATION OF SHARES ON YOUR DEATH

You can nominate a person aged 16 or over to whom you wish your shares to be transferred on your death. Trustees will need to be appointed for a nominee under 16 years of age. NUDC-T will respect your wish in so far as the law and company rules permit. If you are a joint shareholder, your holding will pass to the other shareholder(s) on your death, unless you complete the form below (PLEASE USE CAPITAL LETTERS).

	Nominee
First Name	
Last Name	
Address (if different from overleaf)	
Postcode	

I understand that it may not be possible for NUDC-T to action this request and my heirs will not hold NUDC-T responsible to any failure to do so. I understand that these instructions can only be revoked or amended by giving clear, written instructions to the Secretary of NUDC-T at its registered office.

	Applicant
Signature	
Print	
Date	