

# APPLICATION FOR SHARES IN

IDENTIFIER									
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# COMMUNITY WELLINGTON INN (HEREFORDSHIRE) LIMITED AS A GIFT

Please complete this application form and provide details of the gift recipient.

APPLICANT NAME (In full)	RECIPIENT NAME (In full)
BILLING ADDRESS	ADDRESS
POST CODE	POST CODE
CONTACT PHONE NUMBER	CONTACT PHONE NUMBER
EMAIL	EMAIL

I wish to become a member of Community Wellington Inn (Herefordshire) Limited in accordance with the rules and wish to apply for: No of Shares..... £.....

NB: The minimum investment is £50 or 1 share.

Please tick to indicate that you agree with the following statements:

<input type="checkbox"/>	I confirm that I am over 18 years of age
<input type="checkbox"/>	I have read the Share Offer Prospectus and agree to be bound by the Terms and Conditions of the Share Offer and the Rules of the Society (see <a href="http://www.wellingtonpub.org/documents">www.wellingtonpub.org/documents</a> )
<input type="checkbox"/>	I consent to receiving formal notices and links to documents on the Society’s website by email to the address above
<input type="checkbox"/>	I understand that the Management Committee of the Community Wellington Inn (Herefordshire) Limited may reject my application and are not obliged to tell me why it has been rejected.
<input type="checkbox"/>	I confirm that I wish to invest, in the amount described in this application
<input type="checkbox"/>	I acknowledge that, by signing, I am making a legally binding commitment.

### Payment:

I have paid by online bank transfer to: Lloyds Bank Account No. 74089268 Sort Code 30-96-26

Signature(s) All applicants to sign	Date
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Please return your completed application form as soon as possible, to:

The Secretary, Community Wellington Inn (Herefordshire) Ltd, Southbank, Wellington, HR4 8AT

For **online bank transfers** please use a reference identifier generated as follows-

First character of first name (e.g. M for Mary)	M						
First 3 characters of surname (e.g. MIL for Miller)	M	M	I	L			
Day and month of birth in 2 digit form (e.g. 01 05 for 1st May)	M	M	I	L	0	1	0

**Please write this identifier at the top of this form, and quote it in your BACS payment**

Please include the number at the top of this form as a reference on your BACS payment. Payments by bank transfer will be held securely on deposit. Please mark your application 'Gift'

### Where should we send the Share Voucher? – please tick box

Post Share Voucher to Billing Address	<input type="checkbox"/>	Post Share Voucher to Recipient Address	<input type="checkbox"/>
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Full details of our bid to purchase the freehold of the pub, our Share Prospectus and Business Plan can be seen on our website [www.wellingtonpub.org](http://www.wellingtonpub.org)