



VT Gravis UK Listed Property (PAIF) Fund ISA Application Form

Personal Details (Please complete in BLOCK CAPITALS)

Please provide separate details for each joint or designated applicant. Joint applicants must each sign. In the case of joint holders, all payments and correspondence will be sent to the first named holder.

Please note: ISA accounts can only be set up as individual accounts. Trusts must be set up in individual's names – designations can be used.

Sole or first named joint applicant (ISA & Non-ISA)

Title (Mr/Mrs/Other):	Nationality:
Surname:	Town & Country of Residence:
Forename(s):	Place of Birth (Town or City):
Permanent Address:	Country of Birth:
	Date of Birth:
	National Insurance Number:
Postcode:	or Tax Identification Number*:
Daytime Telephone Number:	<small>*Only if available, not all countries operate a system of Tax Identification Numbers</small>
Existing Account Number (if applicable):	Please tick here if you do not have a National Insurance Number <input type="checkbox"/>
ISA APPLICANTS ONLY: We are unable to process your application without your date of birth and National Insurance Number (or confirmation that you do not have one). Your National Insurance Number can be found on your payslip, Form P45 or P60, or pension order book.	
If your application is on the behalf of a child, please write the child's initials here:	
If your application is on the behalf of a trust, please write the designation here:	

Second named joint applicant (non-ISA only)

Title (Mr/Mrs/Other):	Nationality:
Surname:	Town & Country of Residence:
Forename(s):	Place of Birth (Town or City):
Permanent Address:	Country of Birth:
	Date of Birth:
	National Insurance Number:
Postcode:	or Tax Identification Number*:
Daytime Telephone Number:	<small>*Only if available, not all countries operate a system of Tax Identification Numbers</small>
Existing Account Number (if applicable):	Please tick here if you do not have a National Insurance Number <input type="checkbox"/>

Third named joint applicant (non-ISA only)

Title (Mr/Mrs/Other):	Nationality:
Surname:	Town & Country of Residence:
Forename(s):	Place of Birth (Town or City):
Permanent Address:	Country of Birth:
	Date of Birth:
	National Insurance Number:
Postcode:	or Tax Identification Number*:
Daytime Telephone Number:	<small>*Only if available, not all countries operate a system of Tax Identification Numbers</small>
Existing Account Number (if applicable):	Please tick here if you do not have a National Insurance Number <input type="checkbox"/>

Fourth named joint applicant (non-ISA only)

Title (Mr/Mrs/Other):	Nationality:
Surname:	Town & Country of Residence:
Forename(s):	Place of Birth (Town or City):
Permanent Address:	Country of Birth:
	Date of Birth:
	National Insurance Number:
Postcode:	or Tax Identification Number*:
Daytime Telephone Number:	<small>*Only if available, not all countries operate a system of Tax Identification Numbers</small>
Existing Account Number (if applicable):	Please tick here if you do not have a National Insurance Number <input type="checkbox"/>

Valu-Trac Administration Services is a division of Valu-Trac Investment Management Limited
which is authorised and regulated by the Financial Conduct Authority



Investment Details

For share class options please see the Share Class Options pages.

All investments must meet the minimum investment levels as specified in the Prospectus.

ISA – ISAs are subject to regulatory limitations as prescribed by the ISA Regulations. Please refer to the HM Revenue & Customs website for further details: www.hmrc.gov.uk.

ISA Transfers – all ISA transfers must include the appropriate transfer authority and authorisation and declaration.

Monthly savings applications should be accompanied by a cheque for your first instalment and the Standing Order authority. Cheques should be made payable to Valu-Trac Investment Management Limited ACD Dealing Account.

Payments to be in Pounds Sterling only.

Please note: This application when accepted will constitute a binding contract and be evidenced by the issue of a contract note or allocation letter. No other acknowledgement will be issued at the time of application and only in the event of a query will there be further communication.

Data Protection Act: We may send your details (including account/transaction details) to related third parties (including the investment manager and/or sponsor). If you do not wish to receive information on other products and/or services from related third parties, please tick the opt out box.

Declaration: To be completed by all applicants. Please note that ISA Accounts can only be set up as individual accounts. I/we confirm that I/we have received and read the information contained in this form and confirm that a copy of the Key Investor Information Document or Prospectus has been supplied to me/us. I/we request and authorise Valu-Trac Administration Services to act in accordance with my/our instructions.

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Please complete if you wish to receive income payments (not available for regular savers)

If an income option is taken, income will be distributed as per the fund(s) payment dates. The income will be paid directly to your account by BACS. (Income is not available in accumulation share classes.)

If you do not indicate that you want an income paid out to you, we will automatically reinvest your income by purchasing additional shares for you.

To the Manager

Bank/Building Society:

Address:

Postcode:

Account Holder Name(s):

Account Number:

Sort Code:

If you have any queries please phone +44(0) 134 388 0344. For your protection telephone calls are recorded.

Please send the completed form together, to:

Valu-Trac Administration Services, Orton, Fochabers, Moray, Scotland, IV32 7QE

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Share Class Options

Product Type

Share Class

Share Class

NON ISA INVESTMENT

VT Gravis UK Listed Property
(PAIF) FundClass A
AccumulationClass A
Income

Investment Amount Lump Sum

£

£

Investment Amount Regular

£

Per month

£

Per month

Class B
AccumulationClass B
Income

Investment Amount Lump Sum

£

£

Investment Amount Regular

£

Per month

£

Per month

ISA INVESTMENT

VT Gravis UK Listed Property
(PAIF) Fund

ISA Investment

ISA with Transfer
Amount or Percentage

ISA Investment

ISA with Transfer
Amount or PercentageClass A
AccumulationClass A
AccumulationClass A
IncomeClass A
Income

Investment Amount Lump Sum

£

£
%

£

£
%

Investment Amount Regular

£

Per month

£

Per month

Class B
AccumulationClass B
AccumulationClass B
IncomeClass B
Income

Investment Amount Lump Sum

£

£
%

£

£
%

Investment Amount Regular

£

Per month

£

Per month

All minimum amounts per the Prospectus can be waived at the discretion of the ACD

NOTE: There are two types of ISA investment:

- **Stocks and Shares ISA:** this gives you the chance to invest your money in equities, bonds or commercial property without paying personal tax on any returns you might make.
- **Cash ISA:** this is like a normal deposit account - except that you pay no tax on the interest you earn.

The ISA limit for **2023/2024** is currently **£20,000**. You can invest the full amount into a stocks and shares ISA.Valu-Trac Administration Services is a division of Valu-Trac Investment Management Limited
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ISA Application & Declaration

I apply to subscribe to a stocks and shares ISA for the tax year 2023/2024 and each subsequent year until further notice.

I declare that:

- all subscriptions made, and to be made, belong to me;
- I am 18 years of age or over;
- I have not subscribed, and will not subscribe, more than the overall subscription limit in total to a cash ISA and a stocks and shares ISA in the same tax year;
- I have not subscribed, and will not subscribe, to another stocks and shares ISA in the same tax year that I subscribe to this stocks and shares ISA;
- I am resident and ordinarily resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Valu-Trac Administration Services if I cease to be so resident and ordinarily resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties;
- the information I have given is correct to the best of my knowledge and belief. I will inform Valu-Trac Administration Services if any information provided in this ISA Application and Declaration changes;
- I acknowledge the Additional Investor Information and I agree to the Terms and Conditions set out in this document which forms a legal contract binding on me. I accept that they may be varied at Valu-Trac Administration Services' discretion, as provided herein;
- I have received and read the Key Investor Information Document that has been provided to me; and
- I agree that if I invest in a monthly savings plan (regular monthly payments), the amount(s) indicated will be deducted each month until further notice

I authorise Valu-Trac Administration Services:

- to control my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash; and
- to make on my behalf any claims to relief from tax in respect of ISA investments.

Full Name:

Signature:

Date:

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ISA Transfer Declaration & Authorisation

I agree that:

(i) this application is subject to acceptance by the current ISA Manager;

(ii) I will inform you of any changes in my circumstances;

(iii) I acknowledge the Additional Investor Information and I agree to the Terms and Conditions set out in this document which form a legal contract binding on me. I accept that they may be varied at Valu-Trac Administration Services' discretion, as provided herein;

(iv) I have received and read the Key Investor Information Document that has been provided to me; and

(v) Applicable for current tax year ISA transfers only – I am resident and ordinarily resident in the United Kingdom for tax purposes or if not so resident, perform duties which are by virtue of section 28 of Income Tax (Earnings & Pension) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to or in a civil partnership with a person who performs such duties, and will inform Valu-Trac Administration Services if I cease to be so resident and ordinarily resident to perform such duties or be married or be in a civil partnership with a person who performs such duties.

I authorise Valu-Trac Administration Services:

(i) to control my cash transfers, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments; and

(ii) to make on my behalf any claims to relief from tax in respect of ISA investments.

Signature:

Date:

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ISA Transfer Authority

Transfer Authority (to be completed by the ISA investor)

To the existing ISA Manager:	ISA Plan Reference Number(s)	Transfer Amount	or	Percentage
_____	<input type="text"/>	£ <input type="text"/>		<input type="text"/> %
Address: _____	<input type="text"/>	£ <input type="text"/>		<input type="text"/> %

Postcode: _____	Apply the proceeds of the ISA transfer(s) to (insert sub-funds below): <input type="text"/>			

I authorise my existing ISA Manager (as specified above) to transfer the ISA (account number above) to Valu-Trac Administration Services. I authorise my existing ISA Manager to provide Valu-Trac Administration Services with any information, written or non-written, concerning the ISA and to accept any instructions from them relating to the ISA being transferred.

Where a period of notice is required for closure/part transfer of the existing ISA, I give my consent to either: (ISA investor to tick as appropriate)

1. serve the full notice period before this instruction can be processed;

☐

OR

2. proceed immediately with the transfer and any consequential which may be applied.

☐

Name: _____	Date: _____
Signature: _____	

Transfer Authority (to be completed by the ISA investor)

To the existing ISA Manager:	ISA Plan Reference Number(s)	Transfer Amount	or	Percentage
_____	<input type="text"/>	£ <input type="text"/>		<input type="text"/> %
Address: _____	<input type="text"/>	£ <input type="text"/>		<input type="text"/> %

Postcode: _____	Apply the proceeds of the ISA transfer(s) to (insert sub-funds below): <input type="text"/>			

I authorise my existing ISA Manager (as specified above) to transfer the ISA (account number above) to Valu-Trac Administration Services. I authorise my existing ISA Manager to provide Valu-Trac Administration Services with any information, written or non-written, concerning the ISA and to accept any instructions from them relating to the ISA being transferred.

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1. serve the full notice period before this instruction can be processed;

☐

OR

2. proceed immediately with the transfer and any consequential which may be applied.

☐

Name: _____	Date: _____
Signature: _____	

Transfer Authority (to be completed by the ISA investor)

To the existing ISA Manager:	ISA Plan Reference Number(s)	Transfer Amount	or	Percentage
_____	<input type="text"/>	£ <input type="text"/>		<input type="text"/> %
Address: _____	<input type="text"/>	£ <input type="text"/>		<input type="text"/> %

Postcode: _____	Apply the proceeds of the ISA transfer(s) to (insert sub-funds below): <input type="text"/>			

I authorise my existing ISA Manager (as specified above) to transfer the ISA (account number above) to Valu-Trac Administration Services. I authorise my existing ISA Manager to provide Valu-Trac Administration Services with any information, written or non-written, concerning the ISA and to accept any instructions from them relating to the ISA being transferred.

Where a period of notice is required for closure/part transfer of the existing ISA, I give my consent to either: (ISA investor to tick as appropriate)

1. serve the full notice period before this instruction can be processed;

☐

OR

2. proceed immediately with the transfer and any consequential which may be applied.

☐

Name: _____	Date: _____
Signature: _____	

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Additional Permitted Subscriptions

Deceased Spouse/Civil Partner Details:

Name:	
Permanent Residential Address as at date of death:	
Date of Birth:	
Date of Death:	
National Insurance Number (if known):	
Date of Marriage/Civil Partnership:	
Existing ISA Manager Details:	

I, hereby declare that:-

- I am the surviving Spouse or Civil Partner of the deceased
- I was living with the deceased within the meaning of section 1011 of the Income Tax Act 2007 at the date of the deceased's death
- The Subscription is made under the provisions of regulation 5DDA of the ISA regulations
- The Subscription is being made:
 - i) For "in specie" transfers, within 180 days of beneficial ownership passing to the surviving spouse or civil partner
 - ii) For cash subscriptions, within 3 years of the date of death
 - iii) If later than 3 years, 180 days of the completion of the administration of the estate

Signature of surviving spouse/civil partner

Date:

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Anti-Money Laundering Requirements

Please provide the following information, as appropriate

Corporate entity

Original or certified copy of certificate of incorporation showing existence and legality of company;
Certified copy of Memorandum and Articles of Association;
List of directors names, occupations, residential and business addresses and dates of birth;
Certified copy of authorised signatory list, including specimen signatures;
Certified minutes (resolution) or other properly authorised mandate authorising the investment to be made;

AND For a private company, please also provide:

For at least two directors (or one if there is a sole director):

Certified* copy of passport including a clear reproduction of the photograph of the individual concerned; AND
two of the following:

Original utility bill (not older than 3 months)

Original bank statement (not older than 3 months)

Original of any other documentation issued by a government agency, showing the residential address

AND

List of the names and addresses of shareholders holding more than 10% or more of the issued share capital of the company.

Individuals

In order to comply with our obligations under anti-money laundering legislation we are required to verify the identity of all new applicants. To enable us to comply with the legislation please produce one document from List A AND two documents from List B. If it is not possible to satisfy the requirements from the documents listed in List B then items from List B can be substituted with items from List C. Please provide us with current copies certified by a professional person (i.e. a Doctor, Bank Manager, Lawyer/Attorney, Teacher or other regulated professional including the certifiers name, profession, place of work or company stamp, date of certification and confirmation that the original has been seen).

List A	List B	List C
<ul style="list-style-type: none">• Full UK or other national passport• UK or other national photo card licence• National ID card (Non UK Nationals)• Firearms certificate or shotgun licence	<ul style="list-style-type: none">• Utility Bill (not printed off the internet)• Recent evidence of entitlement to state or local government funded benefit, tax credit, personal education or other grant card	<ul style="list-style-type: none">• Current Council Tax demand• Letter or statement from Current Bank or Building Society• Credit/Debit Card Statement issued by a regulated firm in the UK, EU or similar jurisdiction (but not printed off the internet)• Correspondence from HMRC

Trusts

Relevant extract of the Trust Deed which shows the power to invest;
Certified copy of authorised signatory list of the Trustee, including specimen signatures;
Certified minute (resolution) or other properly authorised mandate authorising the investment to be made;

AND For a private trust, please also provide:

Confirmation from the Trustee of the identity of the settlor and the beneficiaries, by satisfying for each party the requirements as set out under 'Individuals' below.

Designated body within a Financial Action Task Force jurisdiction

Written confirmation on your headed paper that you are a designated body;
The name of the relevant regulatory authority by which you are regulated.

*** Your document must be certified by a professional person or someone of good standing in your community.** For instance, you could ask a FCA-registered individual, a lawyer or solicitor, a chartered accountant, a bank official, a teacher, a doctor, a dentist, or a nurse. They cannot be a family member, living at the same address or in a relationship with you. They also cannot be a trainee in their profession. The certifier must:

- write "Certified by me to be a true copy of the original seen by me" on the document
- sign and date the document
- print their name under their signature
- add their occupation and address and telephone number

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