



SHARE APPLICATION FORM

I would like to support the Erlestoke Manor Fund and apply to purchase shares at £5 each. I understand that in return, I will receive a shares certificate, an invitation to the AGM where I will be able to vote, newsletters about the Fund's activities, invitations to events and other benefits from time to time, which may be detailed on the website.

Please note: shareholders must be 16 years old or older, there is a minimum shareholding of 10 shares and a maximum of 1000 shares per share issue, shares in EMF are not transferable and are cancelled when shareholders pass away.

Personal Details:

Name:

Address:

..... Postcode:

Email: Telephone:

Purchase by Standing Order:

Please complete this section and send completed form to the Membership Secretary at the address below:

My Bank:

Bank Sort Code

Account Name

Account Number

Please pay with effect from 1st (month) 20.... until (date) or until further notice (*delete as appropriate*) a monthly standing order of £....., to

Erlestoke Manor Fund

National Westminster Bank Plc

Account Number 08716153

Sort Code 53-81-21

Signed..... Dated.....

Purchase by cheque:

I enclose a cheque to the value of £..... made payable to the Erlestoke Manor Fund.

Signed..... Dated.....

Completed Share Applications:

Please send this completed page to:

EMF Membership Secretary, c/o 31 Round Hill Wharf, Kidderminster, Worcestershire, DY11 6US or via erlestokemanorfund@gmail.com



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GIFT AID DECLARATION

Boost your contribution by 25p of Gift Aid for every £1 you contribute!

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. In order to Gift Aid your contribution, you must tick the box below:

- Please treat all of my eligible financial contributions to Erlestoke Manor Fund as Gift Aid donations. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my share purchases and donations in that tax year, it is my responsibility to pay any difference.

Please notify the EMF Membership Secretary if in future you:

- want to cancel this declaration
- change your name or address
- no longer pay sufficient tax on your income and/or capital gains.

Your Name _____

Your Address _____

_____ Postcode _____

Signed _____

Date _____