



Application Form for purchase of shares in APPLE JUICE Limited

We wish to become a member of **APPLE JUICE Limited** in accordance with the Rules and apply for:

Withdrawable Shares to the value of: £ and enclose a cheque for this amount, made payable to "APPLE JUICE (APPLECROSS) Ltd". For this offer the minimum shareholding is £300. Applications can be received at APPLE JUICE Ltd, The Schoolhouse, Applecross, Strathcarron, Wester Ross IV54 8LU until the Directors declare the offer closed.

NAME AND ADDRESS (PLEASE USE CAPITAL LETTERS)

For more than two joint applicants, please photocopy this form and ensure each applicant completes and signs the form.

	Applicant	Joint applicant
First name(s) in full	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Town/city	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

SEIS AND EIS TAX RELIEF

It is our hope that the scheme will be approved for SEIS and EIS. If the scheme is approved, only the initial £150,000 invested will be eligible for SEIS, with remaining investment eligible for EIS. This will be allocated on a first-come-first-served basis to applicants who have declared themselves eligible as taxpayers.

*Delete as appropriate

I would / would not** like my investment to be included in the initial £150,000 of shares. *I am* / am not** a UK taxpayer.

PRIORITY APPLICATION

If we raise more investment than we require, priority will be given to applicants who live in Applecross:

AGREEMENT

- I have read the Share Offer Document, including risk factors
- I wish to become a member of **APPLE JUICE Limited**
- I agree to be bound by the Terms and Conditions included in the Share Offer Document and Rules of **APPLE JUICE Limited** (see ADD website)
- I understand that the Board of Directors of **APPLE JUICE Limited** may reject my/our application, and are not obliged to tell us why it has been rejected.
- I consent to receiving formal notices by email and links to formal documents on **APPLE JUICE's** website.

Signed as a Deed

Applicant

Signature	Signature
Name in Print	Name in Print
Date	Date

Please send your completed application form and payment (cheques payable to "APPLE JUICE (APPLECROSS) Ltd") to: **APPLE JUICE Ltd, The Schoolhouse, Applecross, Strathcarron, Wester Ross IV54 8LU.**

If you wish to nominate a person to whom you wish your shares to be transferred on your death, please tick the box and complete the form overleaf.

DATA PROTECTION AND MONEY LAUNDERING

The data provided by you on this form will be stored within a computerised database. This data will be used for APPLE JUICE Limited purposes and will not be disclosed to any third party. It is a condition of the offer that to ensure compliance with the Money Laundering Regulations 2003, APPLE JUICE Limited may at its absolute discretion require verification of identity of any person seeking to invest.



Holding shares on behalf of children and nomination of shares on death

APPLEJUICE FORM 1 B

(PLEASE USE CAPITAL LETTERS)

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.

Please fill in the relevant sections below.

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 (noting EIS and other tax relief issues).

First name(s) in full

Last name

Date of birth

Address (if different from that supplied on the application form overleaf)

Town/city

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 old. **APPLE JUICE** Limited will respect your wish in so far as the law and our Rules permit. If you are a joint shareholder, your holding will pass to the other joint shareholder(s) on your death, unless you complete the form below.

Personal details of your nominee

First name(s) in full

Last name

Date of birth

Address (if different from that supplied on the application form overleaf)

Town/city

Postcode

I understand that it may not be possible for **APPLE JUICE** Limited to action this request and I and my heirs will not hold the Society responsible for its actions. I understand that these instructions can only be revoked or amended by my giving clear written instructions to the Secretary of **APPLE JUICE** Limited at its Registered Office.

I understand that trustees will need to be appointed if my nominee is under 16 years of age

Signed as a Deed

Date

Name in print

Signature of Witness

Date

Name in print

Please send your completed form to: APPLE JUICE Ltd, The Schoolhouse, Applecross, Strathcarron, Wester Ross IV54 8LU.

A Co-operative & Benefit Society Registration Number 7022

www.applecrosshydro.scot