

# Northern 2 VCT PLC

## Dividend Investment Scheme (“DRIS”)

If you wish to participate in the Dividend Investment Scheme (the “Scheme”) of Northern 2 VCT PLC (the “Company”), in respect of your current and future holding of Shares, please sign and return this Mandate Form to The City Partnership (UK) Limited, The Mending Rooms, Park Valley Mills, Meltham Road, Huddersfield HD4 7BH, or by email to [registrars@city.uk.com](mailto:registrars@city.uk.com) by no later than close of business at least 10 Business Days prior to the relevant Investment Day of a dividend by the Company. Alternatively, Shareholders can join the Scheme on-line by completing the electronic equivalent of the Mandate Form at [northern-vcts.cityhub.uk.com](http://northern-vcts.cityhub.uk.com). Please note, capitalised terms used in this Mandate Form are defined in the DRIS Terms and Conditions.

**This document is important. If you are in any doubt as to the action you should take, you should seek advice from an authorised financial adviser.**

**Full name and registered address of shareholder – if shares are held in joint names, please also provide the full name(s) of all joint shareholders:**

Shareholder reference number (CIN), if known  
*This can be found on your certificate/dividend tax voucher*

If you hold Shares in uncertificated form (ie. CREST), please ensure you provide the nominee’s participant ID and member account ID in the name section above.

### To the Directors of the Company:

\*I/We the undersigned, confirm that I/we have read and understood the terms and conditions of the Scheme. I/We wish to participate in the Scheme for each future dividend paid on my/our Shares and to which the Scheme is applied. I/We agree that, subject to the terms and conditions of the Scheme, future dividends paid on my/our Shares will be invested in New Shares and authorise you to send me/us by post, at my/our own risk, a share certificate in respect of New Shares allotted and issued to me/us under the Scheme.

### Signature(s)

Please note that all holders must sign.

Shareholder (1)

Shareholder (2)

Shareholder (3)

Shareholder (4)

Date

D	D	M	N	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**In the event that we need to contact you regarding the processing of this form, please supply one of the following:**

**Daytime telephone number:**

**Email address:**

**Please note that these details will not be recorded by City for any future use.**

\*If you hold your Shares jointly with others, then you must arrange for ALL joint holders to sign this Mandate Form. In the case of a Corporation, this form should be executed under its common seal or be signed by a duly authorised official whose capacity must be stated in accordance with Section 44 of the Companies Act 2006. **All enquiries about the Scheme or this Mandate Form should be made to The City Partnership (UK) Limited at the address above or by telephone on 01484 240 910 (Lines are open from 9.00 am – 5.30 pm, Monday to Friday excluding Bank Holidays).**

## Nominee Shareholdings

### To be complete by the registered shareholder

This section should only be completed where a nominee holds shares and is to participate in the DRIS on behalf of a beneficial holder of Shares in the Company.

Number of Shares to which this mandate is to apply (if not your total holding):

**Box 1**

Name and Address of beneficial holder on whose behalf you are acting (where you are acting for more than one beneficial holder please attach a schedule containing the details in this Box 2):

**Box 2**

\*Date of Birth:

\*National Insurance Number:

\* Where you are acting for more than one beneficial holder please include their Date of Birth and National Insurance Number within the schedule being provided for Box 2.

**I confirm that future dividend(s) payable in respect of the number of Shares set out in Box 1 above shall be applied towards the subscription of New Shares in accordance with the terms and conditions of the Scheme as modified from time to time and the New Shares are to be issued in the name(s) set out in Box 1 of this Mandate Form.**

Authorised signature and capacity:

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---