



Share Application Form

Please complete and return, or complete the online form at
www.railwayinn.org

1. Share details

Amount you are investing (min. £250, max. £100,000): £ _____

2. Your details (please complete section a or b)

a) I am applying as an individual:

Full name _____

Address _____

Postcode _____

Phone number _____ Email _____

If buying on behalf of a child or young person (under the age of 18):

Child/young person's full name _____

Child/Young person's date of birth ____ / ____ / ____

Nominee for child (if different from above) _____

- or -

b) I am applying as a group or corporate body:

Name of group / corporate body (Company, Society or names of joint members):

Name of Representative acting on behalf of the body _____

Position of Representative acting on behalf of the body _____

Full name _____

Address _____

Postcode _____

Phone number _____ Email _____

Share application form continued overleaf



3. Payment details (please complete section a or b)

a) · I have paid via electronic bank transfer and put my name & post code as the reference.

Account Name: _____

Sort Code: ____ / ____ / ____

Account number: _____

Our bank details:

The Railway Inn Community
Pub Limited

Sort Code: 08 - 92 - 99

Account number: 67499560

- OR -

b) · I enclose a cheque made payable to The Railway Inn Community Pub Limited.

All funds will be held on deposit in the Society's account until the Share Offer closes and the minimum target has been achieved.

4. Confirmation

I confirm that I have read and understood the Share Offer Document. I am aged (18) years of age or over, and I agree that the following may be kept in an electronic data base: my name, address, phone, email & number of shares purchased.

This information will be used for maintaining a register of members and shares as required by the rules of The Society and for communicating to me, the activities of the Railway Inn Community Pub Limited Community Benefit Society. The sum invested will be confidential to the two joint treasurers and no information will be transferred to a third party.

Signature _____

Name _____

Date ____ / ____ / ____

· Please tick this box if you wish to receive an SEIS3 certificate to claim tax relief

5. Returning your application

Please send to: The Secretary,
Railway Inn Community Pub Limited,
8 Prince Albert Terrace
Norton Bridge,
Near Stone,
ST15 0NU Or send a scanned copy to contact@railwayinn.org

Receipts will be issued by email wherever possible to reduce administration costs.
Share certificates will be issued in due course.





Transfer of Shares on Death – Expression of Wish

You can use this form to advise how you would like us to treat your shares in the event of your death.

You can nominate a person (aged 18 or over) or an organisation to whom you wish your shares to be transferred on your death. The Railway Inn Community Pub Limited Community Benefit Society will respect your wishes insofar as the law and our Rules permit.

Nominations only apply to the first £5,000 of share capital: any proportion of your share capital over £5,000 must be handled by your executors with reference to probate.

If you choose not to nominate anyone, or for the proportion of share capital above £5,000, your executors will deal with these shares as part of the administration of your estate and can apply to have them transferred on the same terms as other members.

A member may choose to nominate that their shares are bequeathed/surrendered back into the society which would in effect make it a beneficiary under your will. A written statement should be made to the Railway Inn Community Pub Limited (the Society) or the member can fill in a Nomination Form stating their preference which can be obtained from the Society's registered address at 8 Prince Albert Terrace, Norton Bridge, near Stone, ST15 0NU.

1. Nomination details (please complete section a or b)

a) · I nominate my shares to go to:

Full name _____

Address _____

Postcode _____

Phone number _____ Email _____

- or -

b) · I wish to bequeath my shares back to the society upon my death.

(Only tick this section if you wish for your shares to be bequeathed back into the society.)

Expression of Wish form continued overleaf



2. Your details and Confirmation

I understand that it may not be possible for the Society 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 Society's Company Secretary at its Registered Address.

This form will be held by the Society Secretary in accordance with the society's GDPR policy.

Signed _____

Name _____

Shareholder No _____

Date ____ / ____ / ____

Witnessed by:

Signature of witness _____

Name of witness _____

