APPLICATION FORM

Important: before completing this form, please read the Share Offer document and model Rules for the Society fully and consider whether you need to take financial advice in relation to the Terms & Conditions of this offer. The Rules of Friends of Newtown St Martin Pub Limited are available on our website: www.friendsoftheprinceofwales.org
Please use CAPITALS to complete this form

Title:		Forename(s):			
Surname:					
Address:					
Postcode:					
Email:					
Tel: (optional)					
Shares applied f	or:				
••	of shares at £10 each Amount			ed: £	
(minimum of 5 s	hares):				
Your bank account details: we need this to pay you interest or to return your investment					
should we not reach the overall minimum target.					
Account name					
Account number	r		So	rt code	
Payment method (please DO NOT send cash):					
I enclose a cheque payable to Friends of the P.O.W. I have paid online via PayPal					
I have paid by online bank transfer to: Account Name: Friends of the P.O.W					
Bank: Account Number: 66022886 Sort Code: 60-21-37					
Agreement:					
I have read the Share Offer and wish to become a member of the Society and be bound by its rules. I am over the age of 18 years of age. I consent to receiving emails from the Society.					
Signed:	ne age of 18 ye	ears of age. I conse	ent to receiving	g emails froi Date:	m the Society.
Data Protection				Date:	
45 FRIENDS OF NEWTOWN ST MARTIN PUB LIMITED SHARE OFFER PROSPECTUS					
The data provided by you will be stored on a secure computer database and will only be used by Friends of					

Newtown St Martin Pub Limited and will not be shared to any third parties except as required by law.