

# Dividend Reinvestment Mandate

**PROVEN GROWTH & INCOME VCT plc**  
**(Registered in England No. 4125326)**

## DIVIDEND REINVESTMENT SCHEME MANDATE FORM

### THIS MANDATE FORM IS NOT TRANSFERABLE

#### Dividend reinvestment scheme mandate form

If you wish to participate in the dividend reinvestment scheme (the "Scheme") in respect of your holding of shares in ProVen Growth & Income VCT plc ("Shares"), please sign and return this form to the Scheme Administrator, Capita Asset Services, 34 Beckenham Rd, Beckenham, Kent, BR3 4TU no later than 20 Business Days before the payment of a dividend by the Company. All enquiries concerning this form should be made to Capita Asset Services at the above address or by telephone on 0371 664 0324. Calls are charged at the standard geographic rate and will vary by provider. Calls outside the United Kingdom will be charged at the applicable international rate. The helpline is open between 9.00 am – 5.30 pm, Monday to Friday excluding public holidays in England and Wales. Please note that Capita Asset Services cannot provide any financial, legal or tax advice and calls may be recorded and monitored for security and training purposes.

If your Shares are held in more than one account, you must complete a separate form for each account. You may obtain further copies of this form from the company's website, or by contacting Capita Asset Services.

**If you decide to participate in the Scheme you will be deemed to have agreed that any mandate which you have given for the payment of cash dividends directly to your Bank or Building Society account shall be suspended for so long as you remain a participant in the Scheme.**

**Shareholders in any doubt about the tax position should consult their independent professional adviser.**

In the case of joint holders all must sign. In the case of a corporation this form must be executed under its common seal or be signed by a duly authorised official, whose capacity should be stated in accordance with Section 44 of the Companies Act 2006.

If this form is not completed to the satisfaction of Capita Asset Services, it will not be processed and will be returned to you for completion.

#### To: Capita Asset Services

I/We, the undersigned, confirm that I/we have read and understood the terms and conditions of the Scheme and that I/we wish to participate in that Scheme for each future dividend paid on the Shares and to which the scheme is applied. I/We agree that future dividends paid on Shares will be reinvested in Shares of the same class.

Name (1) ..... Name (2) ..... Name (3) ..... Name (4) .....

Address .....

#### All shareholders named above must sign.

Signature(s) ..... Date.....

Signature(s) ..... Date.....

Signature(s) ..... Date.....

Signature(s) ..... Date.....

Daytime telephone number .....