Application to buy Shares in The Thorold Arms Community Benefit Society Limited

Shareholder Details			
Forenames:		Surname:	
Date of Birth (if under 16):		Relationship to Purchaser:	
or			
Company Name:			
Address			
House:		Street:	
Location:		Town/City:	
County/State:		Postcode:	
Country:		Email:	
Phone:		Mobile:	
Purchaser Details (only if diff	ferent from above)		
Forenames:		Surname:	
or			
Company Name:			
Address			
House:		Street:	
Location:		Town/City:	
County/State:		Postcode	
Country:		Email:	
Phone:		Mobile:	
Number of shares wanted at	t £50 each:		
Number (maximum 2000):		Total value (Number x £50): £	
	IV tay rabata an yayr inyastm	-	·
YES / NO	UK tax rebate on your investme Purposely left blank	Sort code:	o receive any interest on the shares Account No:
	. ,	Jort code.	Account No.
Please tick the appropriate payment box: I have enclosed a cheque with this form, made payable to The Thorold Arms (CBS) Ltd., for the total value of the shares applied for; or I have transferred the sum of money equal to the total value of the shares applied for to: The Co-operative Bank PLC Account name: Thorold Arms (CBS) Ltd. Sort Code: 08 92 99 Account No: 65793242 Reference: Purchaser's surname & initial(s) (or company name) and postcode.			
•	e Secretary, The Thorold Arms Oliander House, Main Street,	•	-
Receipts for the subscription	s will be issued by email when	ever possible.	
that this information will be of a confirm that: • I have read and und • I understand that th • I am over 16 years of Society membership • I am not making an	used for the Society's business erstood the terms of the Share iis application, when accepted,	e Offer document. If forms a contract subject hares bought for someon reholder becomes 16. If only a will not be passed to the	t to the Society's rules. The under 16 years old do not confer The wore than 2000 shares.
 I will give proof of m 	ny identity and address, if nece	essary, for anti-money lau	ndering purposes.

Date:

Signed: