Application form - Private Investors

Foresight Solar & Technology VCT PLC (the Company): FWT Shares

Foresight Williams Technology shares of 1p each in the Company ("FWT Shares")

This Application Form should be completed in full and sent by post or hand delivered to:

"Foresight Williams Technology Shares Offer"
Woodside Corporate Services Limited
4th Floor, 50 Mark Lane
London EC3R 7QR

so as to arrive as soon as possible but in any case no later than 12.00 noon on 3 April 2020 in respect of Applications for the 2019/20 tax year and 12.00 noon on 18 December 2020 in respect of Applications for the 2020/21 tax year.

Cheques should be enclosed with the Application Form made payable to WCSL FWT Shares Client Acc.

Before completing this Application Form you should read the Securities Note, the Registration Document and the Summary, each dated 20 December 2019 (together the "Prospectus"), in particular the risk factors on pages 4 to 5 of the Securities Note and 3 to 6 of the Registration Document, the details of the Offer on pages 44 to 46 of the Securities Note, the Terms and Conditions of Application on pages 63 to 66 of the Securities Note and the Application Procedures on pages 67 to 69 of the Securities Note. Definitions used in the Prospectus apply herein.

CHEQUES

Make payable to "WCSL FWT Shares Client Acc". (Note: Cheques drawn on corporate accounts cannot be accepted)

BANK

Sort code: 80-20-00
Account no: 10375564
Bank: Bank of Scotland

TRANSFERS

BIC/IBAN: GB39 BOFS 8020 0010 3755 64 NB: Please use your surname, initials and postcode (if space permits) as the payment reference.

The Offer will open on 20 December 2019 and will be closed at 12.00 noon on 18 December 2020 (or earlier if the Offer is fully subscribed or otherwise at the Board's discretion). Please note that the number of FWT Shares to be allotted to a successful Applicant will be determined by applying the Pricing formula set out on page 45 of the Securities Note. The applicable net asset value for the Pricing formula will be the latest net asset value published by the Company on the day of allotment, adjusted for dividends declared and for which the record date for payment has passed at the time of allotment.

The Promoter (on behalf of the Company) will decide, in its absolute discretion, to accept or reject the Application and you will be notified of the decision.

If you do not receive an acknowledgement of your Application within ten days of sending it to Woodside Corporate Services Limited, please contact the Promoter on O2O 3667 8181.

Please note all fields marked with an asterisk are mandatory where applicable

SECTION 1: PERSONAL DETAILS (Mandatory)				
Title*:	Date Of Birth*:			
Forenames*:	National Insurance No*:			
Surname*:	Email:			
Address*:	Tel No (Day):			
	Tel No (Evening):			
	Please tick this box if you are an existing shareholder in any			
Postcode*:	of the Foresight VCTs.			
If 3 years or less then please provide previous address*:	Correspondence preference Please indicate how you would like to receive correspondence from the Company. Please tick one box only by email (please ensure you have given your email address above by post			
Please tick this box if you are resident for tax purposes in any jurisdiction other than the UK	Please tick this box if you would like to receive statutory information from the company even if your shares are to be held in a nominee account.			
Where applicable, please provide confirmation of the non-UK jurisdiction tax payer identification number (TIN) or equivalent:	s in which you are resident for tax purposes, along with your corresponding			
Country:	TIN/Equivalent:			
Country:	TIN/Equivalent:			





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Dividend Payments (Mandatory)			-+ 6:11		la a sa la			4-31-1		
Dividend payments will be made directly into yo	our bank account. It is th	eretore a requirement tr	iat you iiii	out the	Dank	accol	ını de	lalis	belov	vv.
Account Name*:	Bank/Building Society*:									
Sort code*:		Account Number*:								
Postcode*:										
Designated Contact If you would like to add a Designated Contact to (other than your financial adviser), please comp	3	obtain information abou	it your hol	ding on	your	behal	f			
Full Name:		Date Of Birth:								
Relationship		Email:								
Residential Address:		Tel No (Day):								
		Tel No (Evening):								
Postcode:										
DESIGNATED CONTACT SIGNATURE:										
SECTION 2: SUBSCRIPTION (Mandator I offer to subscribe for the following amount in Prospectus and subject to the Memorandum and thereafter in multiples of £1,000.	FWT Shares in the Comp									d
Total*:	Tax year 2019/20*:		Tax year	2020/2	2021*:					
£:	£:		£:							
I enclose a cheque or banker's draft draw OR I have made the above payment by elect AND	ronic bank transfer whic	h I have referenced usin	g my surna	ame an	d initia					
Please tick this box to confirm that your sort on Please tick this box to confirm that your sort Please show your relationship to the hold	subscription has been m	ade from an account otl	ner than yo							
* (Please note Foresight may request additional information in this ins						instanc				
Please tick one of the below										
ADVISED INVESTMENT This is an advised investment with or without an initial adviser charge (please fill out section 3, sign section 4 and ask		ed investment through nd I have not received		is is a d ermedia	rect in	vestn olved				viser or
your adviser to fill out sections 5,6,8 and 9) SECTION 3: ADVISER CHARGES	section 4 and ask your sections 5 - 9)	intermediary to fill out	section	s blank,)					
AMOUNT* OF THE AGREED INITIAL UP-FRONT * maximum 4.5% of the total subscription stated		£: 0	r %:							

Please note: You should be entitled to claim income tax relief on your gross investment. The Company will not facilitate on-going Adviser Charges.

Application form and - Authorised Intermediary Certificate

Foresight Solar & Technology VCT PLC (the Company): FWT Shares

SIGNATURE OF APPLICANT*			
Print name*:	Date:*		
BY SIGNING THIS APPLICATION FORM I HEREBY IRREVOC (i) I have read and understood the application procedure co contained in pages 63-66 of the Securities Note;	CABLY DECLARE THAT: Intained herein and agree to be bound by the Terms and Conditions of Application		
(ii) if I have completed Section 3, I am declaring and validati charge(s) specified therein and am agreeing to the making of	ing to the Company, the Promoter and the Receiving Agent the amount of the facilitator of a facilitation payment of that amount;		
	e as an elective Professional Client for the purposes of this Application, I am aware of ving up and I wish to be treated as a Professional Client in respect of my Application;		
(iv) to the best of my knowledge and belief, the particulars I	I have given are correct.		
more about how the Company and Foresight use and look a www.foresightgroup.eu/privacy-cookies/ The Receiving Agent respects your privacy and is committe	d are committed to protecting your personal information. If you would like to find out after your personal information, please refer to their privacy notice, which can be four d to protecting your personal information. If you would like to find out more about I information, please refer to its privacy notices, which are available on request from t		
SECTION 5: TO BE COMPLETED BY THE INVESTO (to be completed for every investor except for those ticking			
Firm Name*:	Email*: for communication		
nvestment Adviser/Partner*:	Adviser's Email*: If different		
	If different		
Main point of contact for communication purpose*:	Tel No (Day)*:		
Main point of contact for communication purpose*:			
Main point of contact for communication purpose*:	Tel No (Day)*:		
	Tel No (Day)*: Tel No (Evening)*:		
	Tel No (Day)*: Tel No (Evening)*: Fax:		
	Tel No (Day)*: Tel No (Evening)*: Fax: Firm FCA Registration No*:		
Address*:	Tel No (Day)*: Tel No (Evening)*: Fax: Firm FCA Registration No*: Partner/Adviser FCA Registration No*:		
Main point of contact for communication purpose*: Address*: Postcode*: SIGNATURE:	Tel No (Day)*: Tel No (Evening)*: Fax: Firm FCA Registration No*: Partner/Adviser FCA Registration No*:		
Address*: Postcode*:	Tel No (Day)*: Tel No (Evening)*: Fax: Firm FCA Registration No*: Partner/Adviser FCA Registration No*: Adviser/partner reference (if applicable)*:		
Address*: Postcode*:	Tel No (Day)*: Tel No (Evening)*: Fax: Firm FCA Registration No*: Partner/Adviser FCA Registration No*: Adviser/partner reference (if applicable)*: Date:		
Address*: Postcode*: SIGNATURE:	Tel No (Day)*: Tel No (Evening)*: Fax: Firm FCA Registration No*: Partner/Adviser FCA Registration No*: Adviser/partner reference (if applicable)*: Date:		
Address*: Postcode*: SIGNATURE: SECTION 6: INTERMEDIARY REMUNERATION (you	Tel No (Day)*: Tel No (Evening)*: Fax: Firm FCA Registration No*: Partner/Adviser FCA Registration No*: Adviser/partner reference (if applicable)*: Date: Date:		
Address*: Postcode*: SIGNATURE: SECTION 6: INTERMEDIARY REMUNERATION (your postential of the posten	Tel No (Day)*: Tel No (Evening)*: Fax: Firm FCA Registration No*: Partner/Adviser FCA Registration No*: Adviser/partner reference (if applicable)*: Date: Date:		
Address*: Postcode*: SIGNATURE: SECTION 6: INTERMEDIARY REMUNERATION (your provided advice to your which comply with COBS 6.1A	Tel No (Day)*: Tel No (Evening)*: Fax: Firm FCA Registration No*: Partner/Adviser FCA Registration No*: Adviser/partner reference (if applicable)*: Date: Date: consistent with section 3 of the Application Form* reclient and any agreed up-front adviser charges		

Note: Post the Retail Distribution Review (RDR) and MiFID II, only certain advisers with investors who are categorised as "professional" under FCA Rules or certain execution-only intermediaries remain entitled to receive commission. Post the FCA Policy Statement 13/1, platforms may no longer receive commission whether they follow an advised or an execution only model.



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SE	CTION 7: COMMISSION WAIVER DETAILS (only complete if c	commission selected in s	ection 6)				
FW1 waiv	nitial commission waived* will be invested in Foresight Solar & Technology VCT plc - FWT Shares plc for your client. Please insert the amount of commission you wish to be waived in the box. Maximum 3% of the total subscription stated in Section 2						
SE	CTION 8: INTERMEDIARY'S BANK DETAILS						
Plea	ase provide details of your bank or building society account for adviser	charges or commision (as a	oplicable)				
Acco	ount Name*:	Bank/Building Society*:					
Sort	t code*:	Account Number*:					
SE	ECTION 9: AUTHORISED INTERMEDIARY CERTIFICATE to be	e completed by the inves	tor's financial intermediary				
basi issue addi if we We, in co	the authorised intermediary identified in Section 5 above, confirm that is in respect of the applicant to the standard required by the Money Lau ed by the Joint Money Laundering Steering Group and that in the event litional information in order to accept the subscription, we will provide it e don't have the information required, arrange for the information to be the authorised financial intermediary identified in Section 5 above, furtonnection with an investment in the Company, such investment is consistents.	undering Regulations within t that the Company, the Pro- it to them within 2 business e provided to them. ther confirm that, where we	the guidance for the UK financial sector moter and/or the Receiving Agent require days of receiving their request or, have provided advice to the applicant				
Nam	ne*:						
BY S	SUBMITTING THIS APPLICATION FORM: We confirm that our details included in this Application Form are true	e and accurate;					
ii.	We make the above confirmation regarding the customer due diligenthe investment;	nce and, where relevant the a	above confirmation regarding suitability of				
iii.	Where we have acted as a financial adviser to the applicant, we confirm our acceptance of the Foresight Group's Terms and Conditions for Financial Advisers (which can be accessed at www.foresightgroup.eu/retail-investors/vct); and						
iv.	We undertake to forthwith notify the Company and/or the Promoter if any changes to our details provided above and/or if the applicant ceases to be our client in respect of his or her investment in the Company.						
mor four The how	Company and Foresight respect your privacy and are committed to pre about how the Company and Foresight use and look after your personal at www.foresightgroup.eu/privacy-cookies/ Receiving Agent respects your privacy and is committed to protecting the Receiving Agent uses and looks after your personal information, in the Receiving Agent.	sonal information, please re ng your personal informatio	fer to their privacy notice, which can be n. If you would like to find out more about				
SP	PECIAL INSTRUCTIONS						
NO	DTES						