Y Cross Cas-lai Community Benefit Society Ltd Share Offer Application Form

This form constitutes an Application for Shares in Y Cross Cas-lai Community Benefit Society Ltd.

First Applicant Name *	
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irst	Last
oint Applicant Name (only the first appli- ave voting rights)	icant will be listed on the members register and wi
ave voting rights)	
irst	Last
Company or Organisation name (if apply	ring on behalf of a Group or Incorporated body)
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And, if buying on behalf of a child (under	the age of 16), also include:
Child's full name	the age of 10), also include.
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Date of birth	
') Mandatory field	

Y Cross Cas-lai Community Benefit Society Ltd **Share Offer Application Form**

The price per share is £50. The minimum shareholding, in multiples of £50, is five shares (£250) and the maximum is five hundred shares (£25,000). I wish to become a member of Y Cross Cas-lai Community Benefit Society Ltd in accordance with the Rules and apply for:

Number of £50 shares I wish to appl	ly for Total Amount (in £s)
Please tick this box if you wish to red	ceive an SITR3 certificate to claim tax relief
document and I agree that the follow address, phone, email, number of sh maintaining a register of members a communicating the activities of Y Cre	6 and I have read and understood the Share Offer ving may be kept in an electronic data base: my name, nares purchased. This information will be used for and shares as required by the rules of the Society and for coss Cas-lai. The sum invested will be confidential and no naird party. Please only invest what you can afford.
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Signature	Name (in capitals)
arrive 1012	ISS INN
Date	

Your application will be considered on receipt of this completed form and full payment of requested shares. Applications and payments must be received prior to the closure date. The Society reserves the right to close the Share Offer before the advertised Closure Date. Receipts will be issued by email wherever possible to reduce administration costs and share certificates will be issued in due course. To reduce administration costs our primary method of communication will be via email. If you do not have access to email, then your postal address will be used.

Application Form return address;

Y Cross CBS Ltd., c/o The Cross Inn, Hayscastle Cross, Haverfordwest SA62 5PR

Or by hand, sealed applications can be placed into the secure Y Cross Community Post Box (not the red Royal Mail post Box) at the above address.

Payment method - PLEASE DO NOT SEND CASH

By Bank transfer (using the first line of your address as a reference number)

Account Name: Y Cross Caslai CBS Ltd

Sort code: 08-92-99 67279243 Account number:

By cheque - Please make payable to: Y Cross Cas-lai Community Benefit Society Ltd

Applications will be acknowledged via email. If you have not received an acknowledgement within one week of submitting your application, please contact us at www.ycrossinn.cymru