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## Share Application Form

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | Middle Initial |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | County | Post Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |
| --- | --- | --- |
| I am a Practitioner of: |  | |
| Member of Professional body: | |  |

I am not a practitioner (please complete or delete as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| I would like to purchase |  | Planta Medica shares at £250 per share. I enclose a cheque for |  |

|  |  |  |  |
| --- | --- | --- | --- |
| / I have made a bank transfer of | |  | to HSBC Syston. Account No: 04505743 sort code: 40-28-06 |
|  |

|  |  |
| --- | --- |
| Signed: |  |

|  |  |
| --- | --- |
| Date: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| or I have completed this form electronically | | YES | NO | |  | | |
|  | | | |  | |  |  | |
| Approved by Planta Medica Director: |  | | | | | | | |