Dividend Reinvestment Plan ("DRIP")

Please complete in BLOCK CAPITALS using black ink.

Name of VCT in which shares are held (the "Company"):

Baronsmead Second Venture Trust plc

Shareholder reference number (CIN), if known:

Full name and address of first named shareholder and names of all other shareholders:

Declaration to: The Company and the Plan Administrator

I/We confirm that I/we wish to participate in the DRIP for every future dividend paid on the ordinary shares of the Company, held by me/us to which the DRIP is applied. I/We appoint The City Partnership (UK) Limited ("City") or any successor administrator of the DRIP as may be appointed by the Company from time to time (the "Plan Administrator") as my/our agent to provide the administration of the Company's DRIP in accordance with the DRIP terms and conditions as may be amended from time to time. This mandate will remain in force until notice of my/our wish to withdraw from the DRIP is received by the Plan Administrator in accordance with the terms and conditions of the DRIP.

I/We declare that I am/we are not resident in any foreign jurisdiction that requires the Company to comply with any governmental or regulatory procedures arising out of this mandate. Nor do I/we hold the shares to which this mandate relates as nominee or trustee for any beneficial owner who is so resident. I/We undertake to notify the Company should there be a change in this declaration.

I/We acknowledge that shares purchased via the DRIP will not qualify for upfront income tax relief.

I/We hereby give authorisation that I/we be sent at my/our own risk by post, share certificates and or share purchase advices, or if applicable, that my/our CREST account be credited with any ordinary shares in the Company purchased on my/our behalf pursuant to this mandate.

Signature(s)
Please note that all holders must sign.

Shareholder (1) **Shareholder (2)**

Shareholder (3) **Shareholder (4)**

Date D D M M Y Y Y Y

In the event that we need to contact you regarding the processing of this form, please supply one of the following:

Daytime telephone number (for any queries): **Email address (if available)**

Please note that these details will not be recorded by City for any future use.

Please return completed forms to The City Partnership (UK) Limited, The Mending Rooms, Park Valley Mills, Meltham Road, Huddersfield HD4 7BH, or email a signed copy to registrars@city.uk.com