
DOWNING ONE VCT PLC

(Incorporated in England and Wales under the Companies Act 1985 No 03150868)

DIVIDEND REINVESTMENT SCHEME

DIVIDEND REINVESTMENT MANDATE FORM

Name of shareholder(s):
Postcode:
Investor code number: (Leave blank if not known)

If you wish to participate in the Company's Dividend Reinvestment Scheme should complete in full and return this Mandate Form to Capita Asset Services, c/o Downing LLP, Ergon House, Horseferry Road, London SW1P 2AL. All enquiries about the Scheme or this Mandate Form should be directed to this address or can be made by telephone on 0871 664 0324. Calls cost 10p per minute plus network extras, lines are open 9.00am to 5.30pm Mon-Fri. If you are calling from overseas please call 0208 639 3399.

If you hold Shares in the Company in more than one account you must complete a separate form for each account. Further copies of this Mandate Form can be obtained from Downing LLP or the Scheme Administrator.

To the Scheme Administrator:

I/We, the undersigned, confirm that I/we have read and understood the terms and conditions of the Scheme and that I/we wish to participate in the Scheme in respect of future Dividends.

All shareholders named above must sign below:

Signature:	Date:
Signature:	Date:
Signature:	Date:
Daytime telephone number:	

In the case of joint holders, all must sign in the boxes above. In the case of a corporation this Mandate Form must be executed under its common seal or be signed by a duly authorised official, whose capacity should be stated.

If this form is not completed or signed correctly to the satisfaction of the Scheme Administrator it will not be processed and will be returned to you for completion.

Important note for partial reinvestments: Where a Mandate Form is submitted to make a partial reinvestment by a nominee on behalf of a beneficial holder of Shares in the Company, the "Nominee Shareholdings" section on the reverse page of the Mandate Form should also be completed.

NOMINEE SHAREHOLDINGS

**Only to be completed if you are a nominee shareholder
(i.e. holding shares on behalf of a third party)**

BOX 1

Number of Shares to which your mandate is to apply:	
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BOX 2

Name and address of beneficial shareholder on whose behalf you are acting (where you are acting on behalf of numerous beneficial shareholders please attach a schedule containing the details in this Box 2):
Date of Birth:
National Insurance number:

I confirm that Dividends attributable to the number of shares set out in the above box shall be applied towards subscription for New Shares in accordance with the terms and conditions of the Scheme as modified from time to time and such New Shares are to be issued in my name.

BOX 3

Name and address of nominee shareholder appearing on the Company register:	
Authorised Signature:	Date: