Share Authorisation Form
(Contingent on Death or Loss of Capacity)

This form is intended for use by a shareholder (member) of a UK Community Benefit Society registered under the Co-operative and Community Benefit Societies Act 2014. It records the member's wishes regarding the transfer or transmission of their shares upon death or loss of capacity. It does not replace a valid will, trust deed, or lasting power of attorney.

1. Member (Shareholder) Details

Full Name	
Address:	
Post Code	
Email:	
Phone:	
Certificate Number(s):	

2. Society Details

Name of Community Benefit Society:	Exelby Green Dragon Community Pub Ltd
Registration Number (FCA):	A Community Benefit Society Reg. Number 7599
Registered Office Address:	

3. Shares Covered by This Authorisation

Total Value or Number of Shares:	

4. Naming of a Person to Receive Shares on Death (Permitted Under UK Law)

Under section 37 of the Co-operative and Community Benefit Societies Act 2014, a member of a Community Benefit Society may name a person to whom the Society shall transfer up to £5,000 of share capital on the member's death.

A member also has the right to return the shares to the Community Benefit Society without repayment, i.e. gift the shares to the Community Benefit Society.

Please delete section 4.1 or 4.2 as appropriate.

4.1 I hereby name the following person to receive the value of my shares (up to the statutory limit) upon my death:

Full Name of Person	
Address	
Relationship to Member (optional):	

If my shareholding exceeds the statutory limit (£5,000), I understand that the balance will pass to my personal representatives (executors or administrators) and will form part of my estate.

OR:

4.2 I hereby name the Community Benefit Society to receive the value of my shares (up to the statutory limit) upon my death.

5. Instruction Regarding Executors / Personal Representatives

If no valid naming exists, or if my shareholding exceeds the statutory limit, I direct that:

• My executors (if I leave a will), or

• My administrators (if I die intestate),

shall be recognised by the Society as my personal representatives and entitled to:

• Exercise all rights of transmission under the Co-operative and Community Benefit Societies Act 2014.

• Withdraw or transfer the shares in accordance with the Society's rules.

• Receive any sums due to my estate.

6. Instruction in Case of Loss of Mental Capacity

If I lose the mental capacity to manage my affairs:

• The Society shall recognise the authority of any attorney appointed under a valid Lasting Power of Attorney (Property and Financial Affairs) registered with the Office of the Public Guardian

This authorisation expresses my clear intention but does not override statutory requirements or formal estate-planning documents.

7. Signatures

Member/Shareholder

Signature:	
Full Name:	
Date:	

Witness

Signature:	
Witness Name:	
Address:	
Date:	

8. Company Acknowledgement

Signature:	
Director/Secretary Name:	
Position:	
Date:	