POWER OF PROXY
to represent a shareholder at the Annual General Meeting of Bank Ochrony Środowiska S.A. on June 23rd 2023.

DETAILS OF THE SHAREHOLDER:

Individual:

Ms/Ms ....
Full name of the shareholder

....
Number and series of the shareholder's identity card

....
Shareholder's PESEL number

....
Number of shares

Shareholder's address of residence:

Street...

No ....

City...

Postcode...

Contact email ....

Contact phone number ....

Legal entity or other organizational unit:

....
Name

....
KRS/registry number

....
Tax Identification Number (if KRS registry number is not provided)

....
Number of shares

Address of the shareholder

Street...

No ....

City...

Postcode...

Contact email ....

Contact phone number ....

DETAILS OF THE PROXY HOLDER:
Individual

Ms/Ms ....
Full name of the proxy holder

....
Number and series of identity card of the proxy holder

....
PESEL /NIP number of the proxy holder

Address of residence of the proxy holder:

Street..

No..

City..

Postcode..

Contact email ....

Contact phone number ....

Legal entity or other organizational unit:

....
Name

....
Registered office

....
KRS/registry number

....
Tax Identification Number (if KRS registry number is not provided)

....
Contact email
....
Contact phone number

I/We* hereby authorize the designated proxy holder mentioned above to represent the shareholder at the Annual General Meeting of Bank Ochrony Środowiska S.A., scheduled to take place in Warsaw on June 23rd 2023.
This power of proxy grants the proxy holder the authority to exercise, on my/our* behalf, all rights associated with my/our* shares in Bank Ochrony Środowiska S.A. The number of shares covered by this authorization is .... This authority is granted in accordance with the registered certificate of the right to participate in the Annual General Meeting of the Company, issued by ...., bearing the assigned number .... *Select as appropriate.

Additional information, clauses, exclusions, special powers of attorney:

Acknowledging the criminal consequences of providing false statements, I/we* confirm that the information stated above is true and accurate to the best of my/our* knowledge and in accordance with the facts. *Select as appropriate.

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* Delete as appropraite

_____
Place, date

_____
Signature of the shareholder or persons representing the shareholder