***FORM***

**POWER OF PROXY**

**to represent a shareholder at the Annual General Meeting
of Bank Ochrony Środowiska S.A. on 19 June 2024**

**DETAILS OF THE SHAREHOLDER:**

**Natural person:**

Ms/Ms ..............................................................................................................................................................................................................................................

Shareholder’s full name

.....................................................................................................................................................................................................................................................................

Number and series of shareholder's identity card

.....................................................................................................................................................................................................................................................................

Shareholder's Personal Identification Number (PESEL)

.....................................................................................................................................................................................................................................................................

Number of shares

Shareholder's address of residence:

Street.............................................................................................................................................................................................................................................................

No ...................................................................................................................................................................................................................................................................

City..................................................................................................................................................................................................................................................................

Postcode.....................................................................................................................................................................................................................................................

Contact email .........................................................................................................................................................................................................................................

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

**Legal person or other organisational unit:**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Name

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Number in the National Court Register (KRS)/registration number

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Tax Identification Number (NIP), if KRS number is not provided

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Number of shares

Shareholder’s address

Street.............................................................................................................................................................................................................................................................

No ...................................................................................................................................................................................................................................................................

City..................................................................................................................................................................................................................................................................

Postcode.....................................................................................................................................................................................................................................................

Contact email .........................................................................................................................................................................................................................................

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

 **DETAILS OF THE PROXY:**

 **Natural person:**

Ms/Ms ..................................................................................................................................................................................................................................................

Proxy’s full name

……………………………..…………………………………………………………………………………………………………………….................................................................................................

Number and series of proxy’s identity card

…………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………....

Proxy's Personal Identification Number (PESEL) /Tax Identification Number (NIP)

Proxy’s address of residence:

Street.............................................................................................................................................................................................................................................................

No....................................................................................................................................................................................................................................................................

City..................................................................................................................................................................................................................................................................

Postcode.....................................................................................................................................................................................................................................................

Contact email .........................................................................................................................................................................................................................................

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

**Legal person or other organisational unit:**

......................................................................................................................................................................................................................................................................

Name

......................................................................................................................................................................................................................................................................

Registered office

......................................................................................................................................................................................................................................................................

Number in the National Court Register (KRS)/registration number

......................................................................................................................................................................................................................................................................

Tax Identification Number (NIP), if KRS number is not provided

………………………………………………………………………………………………………………………………………………................................................................................................

 Contact email

......................................................................................................................................................................................................................................................................

Contact phone number

I/We[[1]](#footnote-1) hereby authorise the proxy named above to represent the shareholder at the Annual General Meeting of Bank Ochrony Środowiska S.A. of Warsaw convened for 19 June 2024.

This power of proxy authorises the proxy to exercise, on my/our\* behalf, all rights attached to the ......................... shares I/we\* hold in Bank Ochrony Środowiska S.A., as evidenced by the personal certificate confirming my/our\* right to attend the Annual General Meeting of the Company, issued by ............................................, bearing number: ...........................

Additional information, clauses, exclusions, special powers of the proxy:

Acknowledging criminal liability for misrepresentation, I/we confirm that the information provided above is true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Place, date Signature of the shareholder or shareholder’s representative

1. Delete as appropriate [↑](#footnote-ref-1)