

POWER OF ATTORNEY FORM

Shareholder's details

* delete as appropriate

Full name/Name*	
Address /street, premises number, postal code, city/	
Number and type of identity document/passport/other official identity document/ Number of relevant register*	
as a Shareholder holding(number "FORTE" S.A. based in Ostrów Mazowiecka author	
Proxy's details: Full name/Name*	
Address /street, premises number, postal code, city /	
Number and type of identity document/passport/other official i	dentity document/ Number of relevant register*
to represent me at the Annual General Meeting of Faconvened to be held on 9 January 2024 at 10:00 a.m Ostrów Mazowiecka, ul. Biała 1 (Poland), and in paattached to the shares specified in the power of attor	. at the Company's registered office in rticular to exercise the voting right
(date and signature of Shareholder)	(date and signature of Proxy)