

Letter of Authority (“LoA”) for General Meetings Announcement

This Letter of Authority (“LoA”) is granted on: _____

By completing this LoA:

Issuer name	_____
Company Registration No.	_____
LEI	_____
Company Registered Address	_____
Country	_____
Telephone	_____
Email	_____

(the “**Company**”) grants _____ (the “**Issuer Agent**”) authority to be its service provider for the purposes of general meeting announcements to the Issuer CSD below identified in the “*Company Information*” section below (the “**Issuer CSD**”).

☐ If a Sub-Agent shall be authorized, please tick the box and complete this paragraph:

The Issuer Agent may delegate the authority granted by this LoA to

_____ (“**Sub-Agent**”)

“**Issuer Agent**” and “**Sub-Agent**” together or individually “the **Agent**”.

The Company appoints the Agent to exercise the power, on behalf of the Company and in the name of the Company, to announce general meetings of the Company via Proxymity Limited (“**Proxymity**”), acting in its role as authorized general meeting announcement service provider, to the Issuer CSD.

The shares of the company applicable to any general meeting announcement made by our Agent can be identified by the following security details.

Company information

ISIN	_____
Asset Type	_____
Country of Incorporation	_____
Name of the Issuer CSD	<u>Clearstream Europe AG</u>

1. AUTHORITY

By nominating _____ as Agent, _____ can perform the following:

Announce general meetings of the Company by transmitting, *inter alia*, the information required by §§ 67a, 125 German Stock Corporation Act (**AktG**) in connection with Table 3 of the Implementing Regulation (EU) 2018/1212 of 3 September 2018 ("IR") as well as the transmission of meeting results.

The Issuer Agent shall implement appropriate technical and organizational measures with intermediaries and/or Issuer CSD to ensure the security, integrity, and authentication of the general meeting information in accordance with Article 10 of the IR including completeness of message content in terms of formats and compliance with national market practices and industry standards.

The measures set out above shall correspond to the state of the art and promote extensive automation of the entire process.

2. REVOCATION OF AUTHORITY

This LoA will terminate if revoked by written notice (including email) from the Company to the Agent and the Issuer CSD to the following email address: pcp@clearstream.com. The Agent will undertake to advise Proximity immediately, with copy to the Issuer CSD, if the authority is revoked and no longer in effect. Such a revocation shall become effective immediately, but at the latest on the second business day following receipt of the notification by Proximity or at a later date specified in the notification.

3. LIABILITY

The Company undertakes to approve all instructions the Agent has submitted on the basis of this authorization or purported authorization (*Anscheins- oder Duldungsvollmacht*) under this LoA and assumes full responsibility and liability toward Proximity and the Issuer CSD(s) for all general meeting announcements instructed by the Agent on its behalf via Proximity to the Issuer CSD on the basis of this LoA or purported authorization under this LoA.

The Company and Agent agree to indemnify and hold harmless Proximity and the relevant Issuer CSD(s) against any liabilities which may arise as a result of any instruction or notices that in connection with this LoA Proximity and/or the Issuer CSD (s) may process or not process.

This LoA is to be delivered to Clearstream Europe AG via email (pcp@clearstream.com), with a copy to Proximity (clearstreamgeneralmeetings@proximity.io).

This LoA is governed by the laws of the local jurisdiction of the relevant Issuer CSD.

Duly signed for and on behalf of _____ by its authorized representatives.

The Company

Name _____ Name _____

Title _____ Title _____

Date and signature _____ Date and signature _____

Contact Person at Company: _____

Email: _____

Telephone Number: _____

Duly signed for and on behalf of _____ by its authorized representatives.

The Agent

Name _____ Name _____

Title _____ Title _____

Date and signature _____ Date and signature _____

Contact Person at Company: _____

Email: _____

Telephone Number: _____