

## POWER OF ATTORNEY

*- for the representation of the shareholder on the General Meeting-*

Undersigned [\*\*\*] (registered seat: [\*\*\*]; company registration number: [\*\*\*]; tax number: [\*\*\*]; statistic code: [\*\*\*]; represented by: [\*\*\*], position: [\*\*\*]; hereinafter referred to as: **Shareholder**)- as Shareholder - registered in the Share Register - of **Appennin Vagyonkezelő Holding Public Limited Company** (registered seat: 59 Andrássy Road, HU-1062 Budapest; company registration number: 01-10-046538; tax number: 11683991-2-42; statistic code: 11683991-6810-114-01; hereinafter referred to as: **Company**)

### authorize

Name: [\*\*\*]

residential address: [\*\*\*]

mother's maiden name: [\*\*\*]

date and place of birth: [\*\*\*]

ID CARD number: [\*\*\*]

(hereinafter referred to as: **Representative**),

to represent the Shareholder on the Extraordinary General Meeting of the Company to be held **at 10:00 a.m.** on the **5th of November 2019** at the location indicated in the Invitation for the Extraordinary General Meeting also to make a statement in the Shareholder's name, and to exercise all shareholding rights.

The Representative shall act in accordance with the following instructions:

*[In accordance with section V (1) of the articles of association of the Company, if no instruction is given or it is not clear, the representative shall not vote.]*

This Power of Attorney is valid for the Company's Extraordinary General Meeting determined above, and for the continuation of the suspended ordinary general meeting and for the repeated extraordinary general meeting convened as a result of lack of quorum.

Undersigned Representative hereby accept the present power of attorney binding on me and state that all information which came to my knowledge regarding this representation is kept confidential and is considered as business secret.

*Signature page to follow.*

Budapest, [\*\*\*], 2019

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[\*\*\*]

Represented by:

**Shareholder**

In witness thereof:

1. Name:

ID CARD number:

Residential Address:

Signature:

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[\*\*\*]

**Representative**

2. Name:

ID CARD number:

Residential Address:

Signature: