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|  | ENTITY KEEPING THE SHAREHOLDER REGISTER: |
|  | **DOM MAKLERSKI NAVIGATOR S.A.** |
|  | ul. Twarda 18, 00-105 Warszawa |
|  | Tax Identification Number NIP: 1070006735 National Business Registry number REGON: 14087126 |
|  | National Court Register KRS: 0000274307 |

**APPLICATION FOR A REVERSE STOCK SPLIT**

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| **INTRODUCTION, LEGAL BASIS, INSTRUCTIONS** |
| **Purpose of the form:** Submission of this application is necessary for the registration of information on the reverse split of the company's shares.**in Section VI - Attachments** documents that are the basis for the entry in the shareholders register must be listed and attached to the application.**Legal basis:** Article 328(3) and article 328(4) of the Code of Commercial Partnerships and Companies**Instructions:**1. Please fill in the form legibly in block letters.2. Please put an X in appropriate boxes.3. Please put “not applicable” or leave blank in selected boxes, as appropriate.4. Please attach your own hand-written signature to the form. Application may also be signed with a qualified electronic signature or with an electronic signature submitted using an ePUAP trusted profile. |

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| **I. DATA OF THE COMPANY WHICH THE ENTRY CONCERNS** |
| Registration business name (name) |   |
| Organizational form |   |
| Registration number |   |
| Tax Identification Number NIP |   |

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| **II. CHANGE OF THE NOMINAL VALUE OF SHARES** |
| Previous number of shares of all issues |   |
| Previous nominal value of one share (PLN) |  |
| New number of shares of all issues |   |
| New nominal value of one share (PLN) |   |
| The merger ratio of each share |  |

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| **III. PERSONAL DETAILS OF THE PERSON FILLING IN THE QUESTIONNAIRE** |
| I fill in the questionnaire as: | [ ] Company [ ] Company’s legal representative  |
| First and last name or name of the Attorney / First and last name of the Legal Representative | to be filled in if “Company’s legal representative” is ticked above  |
| Attorney / Legal Representative’s address for service |
| Street  | to be filled in if “Company’s legal representative” is ticked above  |
| Building no. | to be filled in if “Company’s legal representative” is ticked above  |
| Unit no. | to be filled in if “Company’s legal representative” is ticked above  |
| Postal code | to be filled in if “Company’s legal representative” is ticked above  |
| Place | to be filled in if “Company’s legal representative” is ticked above  |
| Attorney / Legal Representative’s e-mail address | to be filled in if “Company’s legal representative” is ticked above  |
| Attorney / Legal Representative’s phone number | to be filled in if “Company’s legal representative” is ticked above  |

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| **IV. OTHER INFORMATION** |
| Dom Maklerski Navigator S.A. act as the controller of personal data collected in this Application. |
| Detailed information on the personal data processing by the Company is available at the following website: |
| [**https://www.navigatorcapital.pl/informacja-o-przetwarzaniu-danych-osobowych-dla-akcjonariuszy-spolek/**](https://www.navigatorcapital.pl/informacja-o-przetwarzaniu-danych-osobowych-dla-akcjonariuszy-spolek/) |
| **I declare to the Company and Dom Maklerski Navigator S.A. that the data included in this Application is reliable, complete and true.** |

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| **V. ATTACHMENTS** |

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| **No.** | **Name of the attached document** | **Number of copies** | **Form of the document:****Put X in the appropriate field** |
| **paper** | **electronic** |
|  1 | Resolution of the general meeting of shareholders on reverse share split |  |  |  |
|  2 | Up-to-date extract from the National Court Register including information about the Company  |  |  |  |
|  3 | Updated and consolidated text of the company's articles of association |  |  |  |
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| **VI. PERSONS SUBMITTING THE APPLICATION** |

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| **Name and the last name (and the function performed in the case of representing legal persons):** | **Date:** | **Signature:\*** |
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**\*** the possibility of signing with a qualified electronic signature or with an electronic signature submitted using an ePUAP trusted profile