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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 REGISTRATION OF SHARE CAPITAL INCREASE CARRIED OUT BY INCREASING THE NOMINAL VALUE OF SHARES**

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| **INTRODUCTION, LEGAL BASIS, INSTRUCTIONS** |
| **Purpose of the form:** The provision of certain data in the Application is necessary to disclose the shareholder in the shareholder register of the Company in connection with the increase of the company's share capital.In order to disclose the change about the company's shareholders in connection with the share capital increase the Appendix No. 1 to the application - information on series must be completed. In addition, **in Section V - 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 and the Act on Counteracting Money Laundering and Terrorism Financing.**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 SHARE CAPITAL OF THE COMPANY** |
| Previous amount of the share capital (in PLN) |   |
| New amount of the share capital (in PLN) |   |
| Previous nominal value of shares (in PLN) |   |
| New nominal value of shares (in PLN) |   |

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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 | Information on new share series |  |  |  |
|  2 | Resolution on increasing the nominal value of shares |  |  |  |
|  3 | Consolidated text of the company's articles of association certified by the company |  |  |  |
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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