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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 | |

**FORM FOR THE PAYMENT OF DIVIDEND THROUGH THE ENTITY KEEPING THE REGISTER OF SHAREHOLDERS**

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| **INTRODUCTION, LEGAL BASIS, INSTRUCTIONS** |
| **Purpose of the form**: Completion and submission of the form is necessary to fulfill the company's pecuniary obligation to shareholders in the form of dividend payments through the entity that maintains the shareholder register.  **Legal basis**: Article 328(10) of the Code of Commercial Partnerships and Companies.  The Company shall transfer the total amount of dividend to the account of Navigator Brokerage, indicated in the call for payment, no later than 3 (three) business days before the scheduled date of transfer of the funds to shareholders.  **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.  5. The form should be accompanied by a copy of the shareholders meeting resolution on the payment of dividends and a list of entitled persons to dividends (**Section V. ATTACHMENTS**). |

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

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| **II. Information on dividends** | |
| The fiscal year for which the dividend is paid | from \_\_ until \_\_ |
| Currency in which the dividend is paid | [ ] PLN [ ] EUR [ ] USD |
| Total amount of dividends to be paid |  |
| Dividend record date |  |
| Dividend pay-day |  |

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| **III. PERSONAL DETAILS OF THE PERSON FILLING IN THE QUESTIONNAIRE** | |
| I fill in the questionnaire as: | [ ] Copmany [ ] 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 | List of persons entitled to dividends |  |  |  |
| 2 | Copy of the original dividend resolution |  |  |  |
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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