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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 | |

**COMPANY'S APPLICATION FOR THE EXTRACT WITH INFORMATION FROM THE REGISTER OF SHAREHOLDERS**

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| **INTRODUCTION, LEGAL BASIS, INSTRUCTIONS** |
| **Purpose of the form**: submission of the application is necessary to obtain, in paper or electronic form, information from the shareholder register with current data with the proviso that the application may not relate to a date prior to the opening of the shareholder register of te company.  **Legal basis**: Article 328(5) § 3 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. SUBJECT OF THE APPLICATION** | |
| Indication of the date on which information from the shareholder register with a list of shareholders and information on their shares will be issued. | Please enter the date in DD-MM-YYYY format |

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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. FORM OF ISSUANCE OF THE APPLICATION** |
| [ ] mailing to the applicant's address (indicated on the form)  [ ] sending to the e-mail address:   |  | | --- | |  |   [ ] collection in person  [ ] collection by an authorized person  If the document will be picked up by the authorized person, the details of this person must be provided below and a document (original or notarized copy) confirming the authorization for this person (e.g. power of attorney) must be delivered to the Brokerage House.  Details of person authorized to receive:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ID card series and number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PESEL number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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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** |
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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