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

**REGISTRATION FORM FOR USING   
THE SHAREHOLDER REGISTER ONLINE SYSTEM**

**VARIANT FOR LEGAL PERSONS**

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| **INTRODUCTION, LEGAL BASIS, INSTRUCTIONS** |
| **Purpose of the form**: completing and submitting the signed form is necessary for Brokerage House Navigator S.A. to grant the right to an access account in the online system of the Register of Shareholders (Shareholder Register). The warrantholder has the right to change and update the given data at any time.  **Instructions:**  1. Please fill in the form legibly in block letters.  2. Please put an X in appropriate boxes.  3. All boxes with no relevant information should be left blank.  4. Please attach your own hand-written signature to the form. Application may also be signed with a qualified electronic signature. |

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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. WARRANTHOLDER’S IDENTIFICATION DATA – LEGAL PERSON** | |
| Registration business name (name) |  |
| Organizational form |  |
| Registration number |  |
| Registering authority |  |
| Tax Identification Number NIP |  |

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| **III. WARRANTHOLDER’S ACCOUNT IN THE SHAREHOLDER REGISTER ONLINE SYSTEM** | |
|  | If you give your consent to the creation of an access account in the Shareholder Register online system, you are requested to give your mobile phone number and e-mail address in section I. The Shareholder Register online system of Dom Maklerski Navigator S.A. is a state-of-the-art and convenient web application which allows the shareholder, inter alia, to have **permanent electronic access, on a 24/7 basis, to the shareholder register data.** The system can be accessed both using a desktop computer and mobile devices that meet minimum technical requirements. **The Company warrantholders can access the online system on a free of charge basis.** |
| Do you want to create an access account in the Shareholder Register online system? | [ ] YES [ ] NO |
| Mobile phone number | (+\_\_\_) \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ |
| Please repeat mobile phone number | (+\_\_\_) \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ |
| Contact e-mail address for the Brokerage House |  |
| Please repeat contact e-mail address for the Brokerage House |  |

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| **IV. PERSONAL DETAILS OF THE PERSON FILLING IN THE QUESTIONNAIRE** | |
| I fill in the questionnaire as: | [ ] personally as the Warrantholder [ ] Warrantholder’s Attorney [ ] Warrantholder’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 “Shareholder’s Attorney” / “Shareholder’s Legal Representative” is ticked above |
| Attorney / Legal Representative’s address for service | |
| Street | to be filled in if “Shareholder’s Attorney” / “Shareholder’s Legal Representative” is ticked above |
| Building no. | to be filled in if “Shareholder’s Attorney” / “Shareholder’s Legal Representative” is ticked above |
| Unit no. | to be filled in if “Shareholder’s Attorney” / “Shareholder’s Legal Representative” is ticked above |
| Postal code | to be filled in if “Shareholder’s Attorney” / “Shareholder’s Legal Representative” is ticked above |
| Place | to be filled in if “Shareholder’s Attorney” / “Shareholder’s Legal Representative” is ticked above |
| Attorney / Legal Representative’s e-mail address | to be filled in if “Shareholder’s Attorney” / “Shareholder’s Legal Representative” is ticked above |
| Attorney / Legal Representative’s phone number | to be filled in if “Shareholder’s Attorney” / “Shareholder’s Legal Representative” is ticked above |

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| **V. OTHER WARRANTHOLDER INFORMATION** |
| **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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| **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 ePUAP signature