

**PROXY FORM GRANTED BY A SHAREHOLDER BEING A LEGAL ENTITY OR A PARTNERSHIP**

**POWER OF ATTORNEY**  
for representation at the  
**EXTRAORDINARY GENERAL MEETING**  
of Genomtec S.A. with its registered office in Wrocław

**I. SHAREHOLDER DETAILS:**

Name / Company	
Register number (e.g., KRS)	
Name of the registering authority	
Tax Identification Number (NIP)	
Business Identification Number (REGON)	
Registered office address	
Email address	
Phone number	

**II. PROXY DETAILS:**

Full name / Company name	
Series and number of identity document or passport / Register number (e.g., KRS)	
Issuing authority of identity document and date of issuance / Registering authority	
PESEL / NIP	
Residential address / Registered office address	
Email address	
Phone number	

Acting on behalf of the Shareholder, I/we hereby grant the above-designated Proxy the authority to represent the Shareholder at the Extraordinary General Meeting of Genomtec S.A., with its registered office in Wrocław (**the “Company”**), convened for March 12, 2025.

This power of attorney authorizes the Proxy to exercise all rights vested in the Shareholder in respect of the Company’s shares in the amount of \_\_\_\_\_, in accordance with the registered certificate of entitlement to participate in the General Meeting of the Company No. \_\_\_\_\_ issued by: \_\_\_\_\_.

The Proxy *is / is not authorized*<sup>1</sup> to appoint substitute proxies.

Being aware of the legal consequences of making false statements, I/we confirm that the above information is true and accurate.

Additional notes:

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Place of issue \_\_\_\_\_

Date of issue \_\_\_\_\_

Shareholder's signature \_\_\_\_\_

<sup>1</sup> Cross out if not applicable.

**PROXY FORM GRANTED BY A SHAREHOLDER WHO IS A NATURAL PERSON**

**POWER OF ATTORNEY**  
for representation at the  
**EXTRAORDINARY GENERAL MEETING**  
of Genomtec S.A. with its registered office in Wrocław

**I. SHAREHOLDER DETAILS:**

Full name	
Series and number of identity document or passport	
Issuing authority of identity document and date of issuance	
PESEL	
Residential address	
Email address	
Phone number	

**II. PROXY DETAILS:**

Full name / Company name	
Series and number of identity document or passport / Register number (e.g., KRS)	
Issuing authority of identity document and date of issuance / Registering authority	
PESEL/ NIP	
Residential address / Registered office address	
Email address	
Phone number	

I hereby grant the above-designated Proxy the authority to represent me at the Extraordinary General Meeting of Genomtec S.A., with its registered office in Wrocław (the "Company"), convened for March 12, 2025.

This power of attorney authorizes the Proxy to exercise, on my behalf, all rights vested in me in respect of the Company's shares in the amount of \_\_\_\_\_, in accordance with the registered certificate of entitlement to participate in the General Meeting of the Company No. \_\_\_\_\_ issued by: \_\_\_\_\_.

The Proxy *is / is not authorized*<sup>1</sup> to appoint substitute proxies.

Being aware of the legal consequences of making false statements, I confirm that the above information is true and accurate.

Additional notes:

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Place of issue \_\_\_\_\_

Date of issue \_\_\_\_\_

Shareholder's signature \_\_\_\_\_

<sup>1</sup> Cross out if not applicable.