

## POWER OF ATTORNEY

to attend the Annual General Meeting of MURAPOL S.A. with its registered office in Bielsko-Biala on 29 April 2025 and exercise all rights attached to the shares

### **Shareholder's (Principal's) details:**

*First name and surname / Business name:*

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*Address of residence / Registered office, address:*

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*Number and series of identity document (identity card or passport) and Universal Electronic System for Registration of the Population (PESEL) no. / Registry Court, Division, National Court Register (KRS) no. (or other relevant register, number):*

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*Tax Identification Number (NIP): / National Business Registry Number (REGON):      Share capital:*

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*Contact by telephone, contact by e-mail:*

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I/We hereby grant to the person/organisational unit without legal personality, whose details are given below, the power of attorney to participate in the Annual General Meeting of MURAPOL S.A. with its registered office in Bielsko-Biala on 29 April 2025 and to exercise on my/our behalf all rights, including the right to vote, from the shares in MURAPOL S.A. with its registered office in Bielsko-Biala in the number of:

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according to the registered certificate of the right to attend the Annual General Meeting of MURAPOL S.A. with its registered office in Bielsko-Biala on 29 April 2025 issued by:

*Name of issuer:*

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*Certificate number:*

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*Additional information, clauses, exclusions, special powers of the Attorney-in-fact:*

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**Attorney-in-fact's details:**

*First name and surname / Business name:*

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*Address of residence / Registered office, address:*

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*Number and series of identity document (identity card or passport) and Universal Electronic System for Registration of the Population (PESEL) no. / Registry Court, Division, National Court Register (KRS) no. (or other relevant register, number):*

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*Tax Identification Number (NIP): / National Business Registry Number (REGON):      Share capital:*

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*Contact by telephone, contact by e-mail:*

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Being aware of the penal consequences of making false statements under the Art. 233 of the Criminal Code, I/we hereby confirm that the information provided above is true and in accordance with the factual status.

*Signature of the Shareholder or person(s)  
authorised to represent the latter:*

*Date, locality:*

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**Please send the completed power of attorney form along with a copy of an identity document or a current excerpt from the relevant register of the Shareholder (Principal) to MURAPOL S.A. in the form of a PDF file to the following e-mail address:**  
[korporacja@murapol.pl](mailto:korporacja@murapol.pl)