POWER OF ATTORNEY
to attend the Ordinary General Meeting of MURAPOL S.A. with its registered office in Bielsko-Biała on 30 April 2024 and exercise all rights attached to the shares

Shareholder's (Principal's) details:

First name and surname / Business name:

Address of residence / Registered office, address:

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):

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

Contact by telephone, contact by e-mail:

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 Ordinary General Meeting of MURAPOL S.A. with its registered office in Bielsko-Biała on 30 April 2024 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-Biała in the number of:

according to the registered certificate of the right to attend the Ordinary General Meeting of MURAPOL S.A. with its registered office in Bielsko-Biała on 30 April 2024 issued by:

Name of issuer:

Certificate number:

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

Attorney-in-fact's details:

First name and surname / Business name:

Address of residence / Registered office, address:

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):

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

Contact by telephone, contact by e-mail:

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:*

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