## **PROXY FORM**

Snarenoider
Name and surname/company name:
Serial number of identity card/passport or KRS/entry number in relevant register:
Authority issuing identity document/registration authority:
Personal Identification Number (PESEL)/Tax Identification Number (NIP)
Address of residence/registered address:
Telephone number:
Email address:
Number of shares in PBG S.A. w upadłości układowej (in company voluntary
arrangement) represented: as per certificate confirming the right to attend the General Meeting issued to the Shareholder's name
by:
hereby appoints as Proxy Mr/Ms:
Name and surname:
Serial number of identity card/passport of Proxy:
Authority issuing identity document:
Personal Identification Number (PESEL) of Proxy:
Address of residence:

Telephone number:
Email address:
to represent the Shareholder at the Annual General Meeting of PBG S.A. w upadłości układowej (in company voluntary arrangement) convened for June 30th 2016. By this power of proxy, the Proxy is given authority to attend (and to speak at) the Annual General Meeting and to vote on (enter the number of shares) shares in PBG S.A. w upadłości układowej (in company voluntary arrangement) at the Proxy's own discretion.
Is the Proxy authorised to further delegate the power of proxy? YES NO
Place, date
Signature of Shareholder/person(s) representing Shareholder

## **PROXY FORM**

Snarenoider	
Name and surname/company name:	
Serial number of identity card/passport or KRS/entry number in relevant register:	
	•
Authority issuing identity document/registration authority:	
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Personal Identification Number (PESEL)/Tax Identification Number (NII	٥)
Address of residence/registered address:	
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	•
Email address:	. <b>.</b> .
Number of shares in PBG S.A. w upadłości układowej (in company volunto	-
arrangement) represented: as per certifica confirming the right to attend the General Meeting issued to the Shareholder's nan	
by:	
hereby appoints as Proxy:	
nereby appoints as moxy.	
Proxy's company name:	• •
KRS/entry number in relevant register:	
Name of registration authority:	
	••
To the AME of the AME	
Tax Identification Number (NIP):	••
Pagistered address:	

Telephone number:
Email address:
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Is the Proxy authorised to further delegate the power of proxy? YES NO
Place, date
Signature of Shareholder/person(s) representing Shareholder