

POWER OF ATTORNEY FORM

Shareholder's Data Name and surname / Name*	
Address /street, suite number, postal code, city/	
No and indication of identity document/passport/oti- register*	her official identity document/No of the relevant
as a Shareholder holding	
Proxy's Data: Name and surname / Name*	
Address /street, suite number, postal code, city/	
No and indication of identity document/passport/otiregister*	her official identity document/No of the relevant
to represent me at the Annual General Meeting of for 10:00 a.m. on 17 May 2016 at the Compa (Poland), and in particular to exercise the voti attorney.	ny's seat in Ostrów Mazowiecka at ul. Biała 1
(date and signature of the Shareholder)	(date and signature of the Proxy)
delete as appropriate*	