POWER OF ATTORNEY FORM

The shareholder:
(First name and surname / Name of the entity)
(place and address of residence / registered office and address)
(ID card serial number / type of register and entry number)
(PESEL (Personal Identity Number) / NIP (Tax number of the entity))
hereby gives the Power of Attorney to
Mr./ Ms.
(First name and surname)
(place and address of residence)
(ID card serial number)
(PESEL (Personal Identity Number))
to represent the Shareholder at the Extraordinary General Meeting of IZOSTAL S.A., which was
convened on August 4, 2022 in the scope of ¹ shares owned by the Shareholder in the share
capital of IZOSTAL S.A.
The attorney is entitled to ²
(Signature of the shareholder / persons representing the shareholder)

¹Enter: all or enter the number of shares

²If the scope of the power of attorney includes all rights, enter: "Exercising all rights of the Shareholder"; if the scope of the power of attorney is limited to certain rights, these should be listed.