

Annex 1 – Application for Participation form

GENERAL ASSEMBLY OF ATLANTIC GRUPA d.d., ZAGREB

Application for Participation

1. Name and family name, or company name of the shareholder, OIB (personal identification number) of the shareholder	
2. Residence or seat of the shareholder (street, number, place, state)	
3. Name and family name, or company name of the proxy, OIB (personal identification number) of the proxy	
4. Residence or seat of the proxy (street, number, place, state)	
5. Name and family name of the person who is under law authorised to sign this application for shareholder	
6. Number of shares of the shareholder represented /voted*	
7. Number of the shareholder's account with the Central Depository and Clearing Company d.d.	

I herewith apply for participation in the General Assembly of Atlantic Grupa d.d. Zagreb, Miramarska 23, convoked for 27 June 2024, starting at 14:00 hours at Atlantic Grupa's registered seat, in Zagreb, Miramarska 23.

*please indicate if the total number of shares of the shareholder or shares on the custody account is different than the number with which it is voted at the General Assembly, or for which proxy is issued. If the number of shares is expected to change, please enter the following notice: "according to the number of shares registered on 20 June 2024".

Signature of the shareholder/proxy: _____ Date: _____