Annex 2 – Power of Authority form

GENERAL ASSEMBLY OF ATLANTIC GRUPA d.d., ZAGREB  
Power of Authority

|  |  |
| --- | --- |
| 1. Name and family name, or company name of the shareholder /OIB (personal Identification number)  Name and family name of the person who is under law authorised to sign this power of authority for the shareholder (for legal persons) |  |
| 2. Residence or seat of the shareholder (street, number, place, state) |  |
| 3. Total number of shares owned |  |
| 4. Number of the shareholder's account with the CDCC |  |

I herewith give authority to the below stated proxy to file, on my behalf and for my account, an application for participation in the General Assembly of the joint-stock company Atlantic Grupa d.d., Zagreb, Miramarska 23, to be held on 27 June 2024 in Zagreb, to represent me at this General Assembly, to participate, on my behalf and for my account, in the work of the General Assembly, and to vote on all decisions to be passed in the General Assembly.

|  |  |  |
| --- | --- | --- |
| 1. | Name and family name, or company name of the proxy |  |
| 2. | Residence or seat of the proxy (street, number, place, state) |  |
| 3. | OIB (personal identification number) of the proxy |  |
| 4. | Number of shares entitled to vote |  |
| 5. | Voting instructions |  |

Shareholder's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_