



Vote-by-mail form for the GENERAL MEETING OF SHAREHOLDERS held on 12/13.09.2024

The undersigned	[individual shareholder's full name], identified . issued by
on, domiciled in, Identification Number,	, National
or	
The undersigned	Code, legally represented
shareholder on the reference Date, i.e. 30.08 registered at the Trade Register Office under numb number ofshares, representing the Company, which grant me voti representing% of the total voting right	er J22/285/1991, fiscal code 1973096, holding a% of the total 671,338,040 shares issued by ng rights in the General Meetings of Shareholders
being aware of the Agenda for the General Meeting on 12.09.2024, at 10:00 am, and respectively 13 conditions for organizing the General Meetings of Smentioned date) and being aware of the documentathese agendas,	.09.2024, at 10:00 am, (in the event that the hareholders will not be met on the first above-
and in accordance with Article 208 of the ASF Reguvote by mail, as follows:	lation no. 5/2018, I hereby exercise my right to

No.	. Agenda for the		Option		
	Ordinary General Meeting of Shareholders	for	against	abstention	
0	1	2	3	4	
1.	Approval of the H1 2024 Management Report according to art. 55 of				
	GEO no. 109/2011 on the corporate governance of public enterprises.				
2.	Approval of the H1 2024 Statutory Auditor's Report according to art. 55 of GEO no. 109/2011 on the corporate governance of public enterprises.				
3.	Approval of the H1 2024 Financial Statements of Antibiotice S.A. according to art. 55 of GEO no. 109/2011 on the corporate governance of public enterprises.				

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4.	Approval of the integral component of the Selection Plan within the		
	selection procedure of the administrators of Antibiotice S.A.		
	initiated by the Decision no. 4 taken within the OGMS of 14.09.2023.		
5.	Approval of a 2-month extension (16.09.2024 - 16.11.2024) of the		
	interim mandates for the company administrators and the signing		
	of additional documents to the mandate contracts.		

I hereby attach:

- copy of the chareholder's ID for individual chareholders (Identity
- who are
- cable).

 Certified copy of the snareholder's ID - for individual snareholders (identity card/passport/residence permit); Copy of the registration certificate for the legal persons/entities; Certified copy of the ID with respect to authorized agents/ attorneys-in-fact who are individuals (Identity card/passport/residence permit), if applicable; Special Power of Attorney for the agent/attorney-in-fact, in original (if applicable).
Contact phone number
I/The undersigned, am fully and exclusively liable for the stipulations contained therein, in my capacity as shareholder of Antibiotice trading company.
Date
Individual shareholder
(Full name of the shareholder - in capitals)
(Shareholder's signature)
Corporate shareholder
(Name of the shareholder - in capitals)
(Full name and position of the shareholder's legal representative - in capitals)
(Seal and signature of the shareholder's legal representative)

Contact phone no. _____