PAID SHARE CAPITAL: 10.763.200€ TOTAL SHARES: 34.720.000 SHARE NOMINAL VALUE: 0, 31 €

Authorization Form

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Telephone number:

<u>Authorize</u>

Mr/Mrs	t	father name		
mother name,	resident	,	street	No
, holder of ID/Passport Number	issued .		by	

or/and

Mr/Mrs	father name		•••
mother name,	resident	, street N	lo
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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
			PERSON'S JUDGEMENT

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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
			PERSON'S JUDGEMENT

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Mr/Mrs	father name		•••
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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
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REMARKS

(Full Name)
PAID SHARE CAPITAL: 10.763.200€ TOTAL SHARES: 34.720.000 SHARE NOMINAL VALUE: 0, 31 €

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Subject 3. Election of auditors for the fiscal year 1.1-31.12.2015

FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
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Subject 4 Approval of the remuneration of Board Members for the use 1.1-31.12.2014

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REMARKS

(Full Name)

PAID SHARE CAPITAL: 10.763.200€ TOTAL SHARES: 34.720.000 SHARE NOMINAL VALUE: 0, 31 €

Authorization Form

For participating in the Annual General Meeting

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Telephone number:

<u>Authorize</u>

Mr/Mrs	t	father name		
mother name,	resident	,	street	No
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or/and

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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
			PERSON'S JUDGEMENT

REMARKS

(Full Name)

PAID SHARE CAPITAL: 10.763.200€ TOTAL SHARES: 34.720.000 SHARE NOMINAL VALUE: 0, 31 €

Authorization Form

For participating in the Annual General Meeting

(Please fill in the missing information or delete those not applicable)

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Full name/Company Name:
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Telephone number:

<u>Authorize</u>

Mr/Mrs	t	father name		
mother name,	resident	,	street	No
, holder of ID/Passport Number	issued .		by	

or/and

Mr/Mrs	father name		•••
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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
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Telephone number:

<u>Authorize</u>

Mr/Mrs	t	father name		
mother name,	resident	,	street	No
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or/and

Mr/Mrs	father name		•••
mother name,	resident	, street N	lo
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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
			PERSON'S JUDGEMENT

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Subject 2. Discharge of the Board and the auditors from any responsibility for the fiscal year 1.1-31.12.2014

FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
			PERSON'S JUDGEMENT

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REMARKS

(Full Name)

PAID SHARE CAPITAL: 10.763.200€ TOTAL SHARES: 34.720.000 SHARE NOMINAL VALUE: 0, 31 €

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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
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REMARKS

(Full Name)

PAID SHARE CAPITAL: 10.763.200€ TOTAL SHARES: 34.720.000 SHARE NOMINAL VALUE: 0, 31 €

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			PERSON'S JUDGEMENT

Subject 4 Approval of the remuneration of Board Members for the use 1.1-31.12.2014

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REMARKS

(Full Name)

PAID SHARE CAPITAL: 10.763.200€ TOTAL SHARES: 34.720.000 SHARE NOMINAL VALUE: 0, 31 €

Authorization Form

For participating in the Annual General Meeting

(Please fill in the missing information or delete those not applicable)

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Telephone number:

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Mr/Mrs	t	father name		
mother name,	resident	,	street	No
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or/and

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(Full Name)

PAID SHARE CAPITAL: 10.763.200€ TOTAL SHARES: 34.720.000 SHARE NOMINAL VALUE: 0, 31 €

Authorization Form

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(Please fill in the missing information or delete those not applicable)

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Mr/Mrs	t	father name		
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or/and

Mr/Mrs	father name		•••
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or/and

Mr/Mrs	father name		•••
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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
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REMARKS

(Full Name)

PAID SHARE CAPITAL: 10.763.200€ TOTAL SHARES: 34.720.000 SHARE NOMINAL VALUE: 0, 31 €

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FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
			PERSON'S JUDGEMENT

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REMARKS

(Full Name)

PAID SHARE CAPITAL: 10.763.200€ TOTAL SHARES: 34.720.000 SHARE NOMINAL VALUE: 0, 31 €

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Mr/Mrs	t	father name		
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or/and

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			PERSON'S JUDGEMENT

Subject 5 Approval of the remuneration of Board Members for the use 1.1-31.12.2015

FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
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REMARKS

(Full Name)

PAID SHARE CAPITAL: 10.763.200€ TOTAL SHARES: 34.720.000 SHARE NOMINAL VALUE: 0, 31 €

Authorization Form

For participating in the Annual General Meeting

(Please fill in the missing information or delete those not applicable)

The undersigned shareholder/ or legal representative of DROMEAS S.A
Full name/Company Name:
Address / Location:
Telephone number:

<u>Authorize</u>

Mr/Mrs	t	father name		
mother name,	resident	,	street	No
, holder of ID/Passport Number	issued .		by	

or/and

Mr/Mrs	father name		•••
mother name,	resident	, street N	lo
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For participating in the Annual General Meeting

(Please fill in the missing information or delete those not applicable)

The undersigned shareholder/ or legal representative of DROMEAS S.A
Full name/Company Name:
Address / Location:
Telephone number:

<u>Authorize</u>

Mr/Mrs	t	father name		
mother name,	resident	,	street	No
, holder of ID/Passport Number	issued .		by	

or/and

Mr/Mrs	father name		•••
mother name,	resident	, street N	lo
, holder of ID/Passport Number	issued	by	

FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
			PERSON'S JUDGEMENT

*Please mark your choice by an X

Subject 2. Discharge of the Board and the auditors from any responsibility for the fiscal year 1.1-31.12.2014

FOR	AGAINST	ABSTENTION	AT THE AUTHORIZED
			PERSON'S JUDGEMENT

Subject 3. Election of auditors for the fiscal year 1.1-31.12.2015

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