

Proxy to a person of your choice

Place

Date

hone number:*													Name / Company:								
voluntary information			Number of shares:					First name:													
o he returned no later than 12 J	Phone number:* voluntary information						E-mail address:*														
o be retained no later than 12 o	lune 20	23, 2	4:00	hou	rs [n	nidni	ight]	(CE	ST),	(rece	eipt) t	io:									
Gears AG do Better Orange IR & HV AG Haidelweg 48 double Hunich Germany					E-mail: Fax:					hGears@better-orange.de +49 (0)89 889 690 655											
ote: Proxies may also not attend in data protection and the disclos We herewith authorize, if applica	ure of p	ersoi	nal d	ata.								itly in	form	you	r pro	oxy al	bout	the	exp	olan	
First name of proxy *		1	1	1			ı [-	1	1	1			1	1	1	1	7	_	
Last name or Company of pr	roxy *	1	1	1]]	7	1	1]			1	1	1	-	٦٢		
																			JL		
Street of proxy **		1	1	1			1	1	- I	1	1	1			1	No	**	- -	76	_	
Country ** ZIP Code	**			Pla	ce of	resi	denc	e of	prox	y *											
E-mail of proxy **																					
																			\mathbb{I}		
* Mandatory fields]] [] [] []] [JL		

Signature(s) or Person making the declaration (legible)