Please send the completed form of the power of attorney with a copy of the appropriate identity document or current extracts from the appropriate register of the Shareholder (Mandatory) enclosed to Dom Development S.A. scanned in PDF format to the e-mail address: wza.@domd.pl

POWER OF ATTORNEY

to attend the Ordinary General Shareholders Meeting of Dom Development S.A. with its registered seat in Warsaw to be held on 25 May 2017 and to exercise any rights of shares

Shareholder (Mandatory) details:

Name and surname / Name of Company:	
Address / Registered seat, address:	
Number and series of the identity document (identity card or passport) and PESEL number / Registry Court, Division, No. KRS (or another register, number):	
NIP / REGON number:	Share capital:
Contact telephone number and e-mail address:	
I/We, the undersigned, hereby grant the person/ er	ntities having no legal personality whose details are
to be found below power of attorney to attend the Ordinary General Shareholders Meeting of the	
company Dom Development S.A. with its registered seat in Warsaw to be held on 25 May 2017 and to	
exercise on behalf of the Shareholder any rights of shares, including voting rights, to which the	
Shareholder is entitled as the owner of shares of Dom Development S.A. with its registered seat in	
Warsaw, in the number of:	
in accordance with the individual certificate con	firming the right to attend the Ordinary General
Shareholders Meeting of the Dom Development S.A	A. with its registered seat in Warsaw on 25 May 2017
issued by:	
Al Charles	
Name of the issuer:	
Number of certificate:	
Additional information, clauses, exclusions, special rights of the proxy:	

Dom Development S.A. scanned in PDF format to the e-mail address: wza@domd.pl
Proxy details:

Name and surname / Name of Company:

Address / Registered seat, address:

Number and series of the identity document (identity card or passport) and PESEL number / Registry Court, Division, No. KRS (or another register, number):

NIP / REGON number:

Share capital:

Contact telephone number and e-mail address:

Knowing the legal consequences of any false testimonies arising from art. 233 of the Penal Code, I/We hereby confirm that the information presented above is truthful and factually correct.

Signature of the Shareholder or signature(s) of the person(s) authorized to represent the Shareholder (Mandatory): Date and place:

Please send the completed form of the power of attorney with a copy of the appropriate identity document or current extracts from the appropriate register of the Shareholder (Mandatory) enclosed to