Please send the completed form of the revocation of 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

STATEMENT OF REVOCATION OF 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 Division, No. KRS (or another register, number):	or passport) and PESEL number / Registry Court,	
Division, No. NAS (or another register, number).		
NIP / REGON number:	Share capital:	
Contact telephone number and e-mail address:		
I/We, the undersigned, hereby revoke the power	of attorney dated:	
Titte, the underlyghed, hereby revene the perior.	of altorney acted.	
to attend the Ordinary General Shareholders M	leeting of the company Dom Development S.A.	
with its registered seat in Warsaw to be held o		
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, granted to:		
-	_	
Proxy details:		
Name and surname / Name of Company:		
Traine dia camana, Traine S. Sampany.		
Address / Registered seat, address:		
Number and series of the identity document (identity card	d or passport) and PESEL number / Registry Court	
Division, No. KRS (or another register, number):		
NIP / REGON number:	Share capital:	
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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 Contact phone number and e-mail address:		
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 revocation of power of attorney with a copy of the appropriate