



Vote-by-mail form for the GENERAL MEETING OF SHAREHOLDERS held on 28/29.05.2024

by [identity card], series, number	[<i>individual shareholder's</i> full name], identifieder, issued by, National
or	
person], established in	[name of the entity/legal, registered at the Trade Register Office under ion Code, legally represented(*)
registered at the Trade Register Office under number ofshares, representing	05.2024 , of Antibiotice Iasi, a trading company mber J22/285/1991, fiscal code 1973096, holding a% of the total 671,338,040 shares issued by roting rights in the General Meetings of Shareholders ghts,
on 28.05.2024, at 10:00 am, and respectively 29 (in the event that the conditions for organizing the	cing of the Shareholders of <i>Antibiotice Iasi</i> convened 9.05.2024 , at 10:00 am, he General Meetings of Shareholders will not be met ware of the documentation provided by <i>Antibiotice</i>

No.	Agenda for	Option		
	Ordinary General Meeting of Shareholders	for	against	abstention
0	1	2	3	4
1.	Approval of the distribution of net profit for 2023, fixing of the gross dividend per share and setting the date of 11.10.2024 as the date for starting the payment;			
2.	Approval of the integral component of the selection plan within the selection procedure triggered by Decision no. 4 of the OGMS on 14.09.2023.			
3.	Approval of the date of 24.09.2024 as the registration date for identifying the shareholders on whom the effects of the adopted decisions are reflected, in accordance with the provisions of art. 86, para. 1 of Law 24/2017 on issuers of financial instruments and market operations, and setting the date of 23.09.2024 as the ex-date.			

and in accordance with Article 208 of the ASF Regulation no. 5/2018, I hereby exercise my right to

vote by mail, as follows:

I hereby attach:

- Certified copy of the shareholder's ID for individual shareholders (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 corcapacity as shareholder of Antibiotice trading company.	itained therein, in my
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	

Note:

(*) to be completed for entities/corporate shareholders only.

The voting form by mail will be modified and completed accordingly if, in accordance with the legislation in force, one or more shareholders representing, individually or together, at least 5% of the share capital will introduce new items on the agenda of the general meeting.

In the event of updating the Vote-by-mail form, please check the requirements in the GM Convening Notice starting with the 16th day after the publication of the Convening Notice.

After filling in and signing the Vote by mail, an original copy shall be submitted/sent to Antibiotice headquarters, in a sealed envelope, mentioning the confidential nature of the content, so that it is recorded at the Antibiotice Registrar's Office by 26.05.2024, 10:00 am at the latest.