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 Meeting of Dom Development S.A. with its registered seat in Warsaw to be held on 30 June 2022 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): | d or passport) and PESEL number / Registry Court, |
| | |
| NIP / REGON number: | Share capital: |
| | |
| Contact telephone number and e-mail address: | |
| | |
| I/We, the undersigned, hereby grant the person/ entities having no legal personality whose details are to be found below power of attorney to attend the Ordinary General Meeting of the company Dom Development S.A. with its registered seat in Warsaw to be held on 30 June 2022 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 confirming the right to attend the Ordinary General Meeting of the Dom Development S.A. with its registered seat in Warsaw on 30 June 2022 issued by: 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