

Power of attorney to a third person of your choice

Number AGM ticket: _____ Name / Company: _____

Number of shares: _____ First name: _____

Phone number:* _____ Email address:* _____

* voluntary information

To be returned to:

Formycon AG
c/o meet2vote AG
Marienplatz 1
84347 Pfarrkirchen
Germany

Email: formycon@meet2vote.de

Note: Please explicitly inform your proxy about the explanations on data protection and the disclosure of personal data.

I/We herewith authorize, if applicable under revoking a former authorization of a proxy,

First name of proxy **

Grid of 20 empty boxes for first name of proxy.

Last name or company of proxy **

Grid of 20 empty boxes for last name or company of proxy.

Street of proxy

Grid of 18 empty boxes for street of proxy.

No.

Grid of 4 empty boxes for house number.

Country

Grid of 2 empty boxes for country.

ZIP Code

Grid of 5 empty boxes for ZIP code.

Place of residence of proxy **

Grid of 18 empty boxes for place of residence.

Email of proxy

Grid of 20 empty boxes for email of proxy.

** Mandatory fields

to represent me/us with disclosure of my/our name at the Annual General Meeting of Formycon AG on 10 June 2026 with the power to delegate the authorization to another person(s) and to exercise my/our voting rights.

Place

Date

Signature(s) or person making the declaration (legible, sec. 126b BGB)