	, date	
(place)	(date)	

Management Board Develia S.A. ul. Powstańców Śląskich 2-4 53-333 Wrocław

□* Tick the appropriate field

NOTIFICATION OF GRANTING A POWER OF ATTORNEY IN ELECTRONIC FORM TO A NATURAL PERSON

The notifying Shareholder: (enter details clearly identifying the Shareholder	and contact details: e-mail address and telephone number(s))
(first and last name)	
(street address, postal code, place, country)	
(contact details: e-mail, telephone number)	
holding(number of shares)	_*¹ shares in Develia S.A. registered in the securities account
entitling to exercise Develia S.A., as confirmed in the certifi	
General Meeting, number	
	a power of attorney was granted date) holding (first and last name)
(name of document)	(document number)
Meeting of the Company, convened for	nd holder of the above shares of Develia S.A. at the General or 6 October 2020 , by attending on my behalf in the General ne voting right from all shares in the Company listed above.
·	Shareholder's signature) ed power of attorney in a PDF file.
from shares recorded in each account - enter the	red in several securities accounts and designates several Proxies to exercise