MAIL VOTING FORM EGMS 15/16 April 2020 Requested by the Board of Administrators of Trading company Farmaceutica REMEDIA S.A.

Name of the Shareholder:_			
Identification in the Sha	reholders' Registe	r of Farmaceutica	REMEDIA S.A. :
ID : (PIN or CIF - Fiscal	Identification Numb	er)	
ID2: (Personal ID or Tra	de Registry No.)		
ADDRESS :			
CITY:			
COUNTY:			
COUNTRY:			
Fiscal Identification No.:			
SHAREHOLDER OF:			
Legally represented by		, as	
Identified with ID series	, no	and PIN	
voting right corresponding the Central Depository on The agenda / Issues sub Shareholders	the reference date, a	s follows:	
1. Approval of the transfer to a number of 52 pha presented on the Compan meetings-shareholders/;	rmacies for a max	imum price of 8.5	40.000 Euro ("Transfer")
In favour	Opposed	Abstained	
2. Approval of the empower Company, for signing all the fulfillment of each and all contains the contains t	ne necessary docum	ents in order to fina	alize the Transfer and the
In favour	Opposed	Abstained	
3. Approval of the date of provisions of Art. 86 (1) of		e registration dat	e, in compliance with the
In favour	Opposed	Abstained	İ

4. Empowerment of Mr. Natural TARUS e.U., as President of following the Extraordinary	of the Board of Adminis	trators, for signing al	
In favour	Opposed	Abstained	
Date:		< write the date	
Shareholder / Legal rep and name in upper case letters	resentative:		< write the last name
Signature of the shareh	older / legal represe	ntative:	< sign
Stamp of the company			
In order to express your vote, pl	ease mark an X on your opt	ion for each of the issues	subjected to a vote. The

mail voting form together with the attached documents will be submitted to the headquarters of Farmaceutica REMEDIA or via E-mail, respecting the terms and conditions mentioned in the convocation document.