MAIL VOTING FORM EGMS 28/29 July 2020 Requested by the Board of Administrators of Trading company Farmaceutica REMEDIA S.A.

Identification in the Shareho	_	
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ID2: (Personal ID or Trade R	, , ,	
ADDRESS :		
CITY:		
COUNTY:		
COUNTRY:		
Fiscal Identification No.:		
SHAREHOLDER OF:		
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Identified with ID series	_, no	and PIN
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3. Approval of the date of 1 provisions of Art. 86 (1) of La		e registration date, in compliance with the
In favour	Opposed	Abstained
176 (1) from the FSA Regula No. 5/2018.	ation No. 5/2018 a	late, in compliance with the provisions of Art. nd Art. 2 (2) letter I from the FSA Regulation
In favour	Opposed	Abstained
•	ed by Mr Valentin -	orbert TARUS e.U., the President of the Board Norbert TARUS, for signing all the documents ing of Shareholders.
In favour	Opposed	Abstained
Date:		< write the date
Shareholder / Legal repreand name in upper case letters	sentative:	<pre>< write the last name</pre>
Signature of the sharehold	der / legal repres	sentative: < sign
Stamp of the company		

In order to express your vote, please mark an X on your option 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.