## Application Form for Participation

## GENERAL ASSEMBLY OF ATLANTIC GRUPA d.d.

Application for Participation

| Name and family name / company name / OIB (personal identification number) of the shareholder  |  |
|--|--|
| 2. Residence / seat of the shareholder (street, number, place, state)  |  |
| 3. Name and family name / company name / OIB (personal identification number) of the proxy*  |  |
| 4. Residence / seat of the proxy (street, number, place, state)  |  |
| 5. Name and family name of the person who is under law authorized to sign this application for shareholder (for legal persons)   |  |
| 6. Number of shares of the shareholder voted at the General Assembly**   |  |
| 7. Account number with the Central Depository and Clearing Company of the shareholder  |  |
|  | e General Assembly of Atlantic Grupa d.d. Zagreb, Miramarska 23, tarting at 13:00 hours at Company's registered seat, in Zagreb, |
| * In accordance with the Invitation and Instructions to the shareholders concerning their participation in the General Assembly, it is recommended to choose and register the data of one of the following proxies:  |  |
| Boris Šavorić, Attorney-at-La  | w, Ilica 1A, 10000 Zagreb  |
| or   |  |
| Josip Madirazza, Attorney-at-  | -Law, Masarykova 21, 10000 Zagreb  |
| ** please mark if the total number of shares of the shareholder or shares on custody account is different than the number of shares with which it is voted according to the application, or for which the power of authority is held. If the number of shares is expected to change, please enter the following notice: "according to the number of shares registered on January 13th, 2022 ". |  |
| Signature of the shareholder/proxy: _  | Date:  |