**POWER OF ATTORNEY**

**Shareholder (individual)**

Name and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth No. / NID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shareholder (legal person)**

Business name / Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification No. / NID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

("**Shareholder** ")

**hereby grants a power of attorney to:**

**Proxy (individual)**

Name and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth No. / Date of Birth /

Attorney No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent residence /

Registered Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proxy (legal person)**

Business name / Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification No. / Registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

("**Proxy**")

1. to represent the Shareholder in connection with the compulsory passing of the ownership right to all the participation securities issued by PFNonwovens a.s., with its registered office at Hradčanské náměstí 67/8, Hradčany, 118 00 Prague 1, Identification No.: 067 11 537, registered in the Commercial Register maintained by the Municipal Court in Prague under File No. B 23154 (the “Company”), owned by owners of the participation securities other than PFNonwovens Holding s.r.o., with its registered office at Hradčanské náměstí 67/8, Hradčany, 118 00 Prague 1, Identification No.: 046 07 341, registered in the Commercial Register maintained by the Municipal Court in Prague under File No. C 250660 (the “Principal Shareholder”), onto the Principal Shareholder within the meaning of Sec. 375 of Act. No. 90/2012 Coll., on Business Companies and Cooperatives, pursuant to the resolution of the General Meeting of the Company adopted on 11 February 2021 by way of decision-making outside the General Meeting (*per rollam*) (the “Squeeze-out”):
2. to execute, complete, supplement, change, sign and deliver a notification of bank account for payment of consideration for participation securities issued by the Company owned by the Shareholder (the "**Shares**") to the Shareholder based on the Squeeze-out;
3. to communicate and deal with the Principal Shareholder and/or Česká spořitelna, a.s., with its registered office at Prague 4, Olbrachtova 1929/62, Postal Code 14000, Czech Republic, Identification No.: 452 44 782, registered in the Commercial Register maintained by the Municipal Court in Prague, Section B, Insert 1171, in connection with the payment of the consideration for the Shares to the Shareholder; and
4. to do on behalf of the Shareholder all other acts and things as the Proxy in his/her/its discretion deems necessary or advisable for the purpose of giving effect to the actions hereinabove contemplated, including, without limitation, representation of the Shareholder before a notary public, signing and submitting (or withdrawing, as appropriate) necessary applications and petitions, accepting mail, and the execution and signing of all deeds, agreements, applications, confirmations, notices or acknowledgements and any other documents whatsoever, including any notarial acts and any amendments thereto.

This Power of Attorney is governed by the laws of the Czech Republic.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021

Business name / Name (in case of a legal person):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The signatures on the power of attorney must be notarized.