Annual General Meeting of Energiekontor AG on 29 May 2024



Proxy to a person of your choice

Place

Date

be returned to: Energiekontor AG c/o Better Orange IR & HV AG Haidelweg 48 81241 Munich Germany Te: Please explicitly inform your proxy about the explanations Te herewith authorize, if applicable under revoking a former au First name of proxy* Last name or Company of proxy* Street of proxy Street of proxy		a proxy,	89 889	690 6	55				
Energiekontor AG c/o Better Orange IR & HV AG Haidelweg 48 81241 Munich Germany te: Please explicitly inform your proxy about the explanations te herewith authorize, if applicable under revoking a former au First name of proxy* Last name or Company of proxy* Street of proxy Country** ZIP Code Place of resi	E-mail: Fax: s on data protect uthorization of a	+49 (0)	89 889	690 6	55	ersor			
Energiekontor AG c/o Better Orange IR & HV AG Haidelweg 48 81241 Munich Germany te: Please explicitly inform your proxy about the explanations The herewith authorize, if applicable under revoking a former authorize in the proxy* Last name of proxy* Street of proxy Country** ZIP Code Place of residence in the proxy is a point of the	Fax:	+49 (0)	89 889	690 6	55	ersor			
c/o Better Orange IR & HV AG Haidelweg 48 81241 Munich Germany te: Please explicitly inform your proxy about the explanations e herewith authorize, if applicable under revoking a former au First name of proxy* Last name or Company of proxy* Street of proxy Country** ZIP Code Place of resi	Fax:	+49 (0)	89 889	690 6	55	ersor			
First name of proxy* Last name or Company of proxy* Street of proxy Country** ZIP Code Place of resi	authorization of a	a proxy,	the disc	closur	e of p]	data.	
First name of proxy* Last name or Company of proxy* Street of proxy Country** ZIP Code Place of resi						No			
Last name or Company of proxy* Street of proxy Country** ZIP Code Place of resi	sidence of proxy					No			
Street of proxy Country** ZIP Code Place of resi	sidence of proxy					No			
Street of proxy Country** ZIP Code Place of resi	sidence of proxy) 				No			
Country** ZIP Code Place of resi	sidence of proxy	 * 				No]L 	
Country** ZIP Code Place of resi	sidence of proxy	/*				No	· —		
	sidence of proxy	/* 							
	sidence of proxy	/* 							
E-mail of proxy*									
E-mail of proxy*									
E-mail of proxy*							J [
		1					1	¬—	
* Mandatory fields									
represent me/us with disclosure of my/our name at the Annu	ual Caparal Ma	oting of	Energi	okonto	۰r ۸ <i>C</i>	on 2	O M	lov 2	0024 4
ver to delegate the authorization to another person(s) and to				CROTIC), AO	011 2	.5 101	ay Z	.02+ W
te: After receipt of the power of attorney or the proof of auth vice will be created for the proxy. These will be sent directly dress details of the proxy are incomplete, the individual accestransmitted to the grantor of the power of attorney for forward	y to the proxy if ess data of the p	the addi	ress de	tails o	f the	proxy	/ are	e con	nplete

Signature(s) or person making the declaration (legible)