

POWER OF ATTORNEY FORM

Shareholder :

.....
(NAME AND SURNAME or BUSINESS NAME)

.....
(NUMBER AND SERIES OF PERSONAL IDENTITY CARD OF THE SHAREHOLDER or NATIONAL COURT REGISTER NO. / REGISTRY NO.)

.....
(NAME OF THE AUTHORITY ISSUING AN IDENTITY CARD or REGISTRATION AUTHORITY)

.....
(PERSONAL IDENTITY NUMBER PESEL / TAXPAYER'S IDENTITY NUMBER OF THE SHAREHOLDER)

Residence / seat's address and contact details of the Shareholder:

City/town, postal code:

Street and number:.....

E-mail address:.....

Phone No.:

hereby grants a power of attorney to:

Mr. / Ms.
(PLENIPOTENTIARY'S NAME AND SURNAME)

proving his/her identity with identity card
(IDENTITY CARD'S SERIES AND NUMBER)

issued by.....
(ISSUING AUTHORITY)

.....
(PLENIPOTENTIARY'S PERSONAL IDENTITY NUMBER PESEL)

Residence / seat's address and contact details of the Plenipotentiary

City/town, postal code:

Street and number:.....

E-mail address:.....

Phone No.:

to represent the Shareholder at the Annual General Shareholders' Meeting of STALPROFIL S.A. seated in Dąbrowa Górnicza, convened to be held on June 12, 2014.

The plenipotentiary is authorized to
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(Signature of the shareholder/ persons representing the shareholder)