



Annual General Meeting of MedNation AG on 16 July 2024

Proxy to a person of your choice

Entrance card number: _____ Name / Company: _____

Number of shares: _____ First name: _____

Phone number:* _____ E-mail address:* _____

* voluntary information

Registration in due time and form by 9 July 2024, 24:00 hrs (CEST) at the latest is required. To be returned **no later than 24.00 hrs. on 15 June 2024, (CEST)** (receipt) to:

MedNation AG
c/o Better Orange IR & HV AG
Haidelweg 48
81241 München
Germany

E-Mail: mednation@linkmarketservices.eu

I/We herewith authorize, if applicable under revoking a former authorization of a proxy, Mr./Ms.

Surname of proxy: _____

Name of proxy: _____

City of proxy: _____

to represent me/us with disclosure of my/our name at the AGM of MedNation AG on 16 July 2024 with the power to delegate the authorization to another person(s) and to exercise my/our voting rights.

Place Date Signature(s) or Person making the declaration (legible)