

**WITHDRAWAL FORM REGARDING THE SUBSCRIPTION OF THE SHARES OF TERAPLAST S.A. WITHIN THE PUBLIC OFFER WITHIN THE CASH CONTRIBUTION SHARE CAPITAL INCREASE**

**(the "Public Offer")**

Concluded between:

\_\_\_\_\_, with headquarters in \_\_\_\_\_,  
registered with the Trade Registry under no. \_\_\_\_\_, sole registration code \_\_\_\_\_, authorized by the National Securities Commission ("NSC") / Financial Supervisory Authority ("FSA") by Decision no. \_\_\_\_\_, registration number in the NSC/FSA Registry \_\_\_\_\_, personal data operator registered with the Supervisory Authority For Personal Data Processing number \_\_\_\_\_, duly represented by Mr./Mrs. \_\_\_\_\_, in capacity of \_\_\_\_\_,

hereinafter referred to as the **"Intermediary"** or the **"Eligible Participant"**

And:

**Natural persons:**

Last name and first name \_\_\_\_\_ holder of IB/ID/passport series \_\_\_\_\_ no. \_\_\_\_\_,  
issued by \_\_\_\_\_, on \_\_\_\_\_, place and date of birth \_\_\_\_\_, PIN \_\_\_\_\_,  
citizenship \_\_\_\_\_, nationality \_\_\_\_\_, Country of origin \_\_\_\_\_, domiciled in \_\_\_\_\_,  
phone number \_\_\_\_\_, address \_\_\_\_\_, fax \_\_\_\_\_, email \_\_\_\_\_.

Represented by (if the case):

Last name and first name of the representative \_\_\_\_\_ holder of IB/ID/passport series \_\_\_\_\_ no. \_\_\_\_\_, issued by \_\_\_\_\_, on \_\_\_\_\_, place and date of birth \_\_\_\_\_, PIN \_\_\_\_\_, citizenship \_\_\_\_\_, nationality \_\_\_\_\_, Country of origin \_\_\_\_\_, domiciled in \_\_\_\_\_, address \_\_\_\_\_, phone number \_\_\_\_\_, fax \_\_\_\_\_, email \_\_\_\_\_.

Based on power of attorney no. \_\_\_\_\_ / \_\_\_\_\_.

**Legal entities:**

Name \_\_\_\_\_ registration number with the Trade Registry \_\_\_\_\_, fiscal code \_\_\_\_\_, Share capital \_\_\_\_\_, Headquarters \_\_\_\_\_, phone number \_\_\_\_\_, fax \_\_\_\_\_, email \_\_\_\_\_, ultimate beneficial owner \_\_\_\_\_.

Duly represented by:

Last name and first name of the representative \_\_\_\_\_ holder of IB/ID/passport series \_\_\_\_\_ no. \_\_\_\_\_, issued by \_\_\_\_\_, on \_\_\_\_\_, place and date of birth \_\_\_\_\_, PIN \_\_\_\_\_, citizenship \_\_\_\_\_, nationality \_\_\_\_\_, Country of origin \_\_\_\_\_, domiciled in \_\_\_\_\_, address \_\_\_\_\_, phone number \_\_\_\_\_, fax \_\_\_\_\_, email \_\_\_\_\_.

In capacity of \_\_\_\_\_

According to \_\_\_\_\_.

(please specify the documents proving the capacity of representative according to the provisions of the Public Offer Prospectus approved by the Romanian Financial Supervisory Authority ("ASF") by decision no. ... of ..... - the **"Offer Prospectus"**).

hereinafter referred to as the **"Client"**

**BY SIGNING THIS FORM, I EXPRESS MY INTENTION TO WITHDRAW MY SUBSCRIPTION TO A NUMBER OF \_\_\_\_\_ SHARES ISSUED BY TERAPLAST S.A., UNDER THE TERMS AND CONDITIONS SET OUT IN THE OFFER PROSPECTUS APPROVED BY THE FINANCIAL SUPERVISORY AUTHORITY BY DECISION NO. .... FROM .....**

**I FURTHER DECLARE THAT I HAVE READ, UNDERSTOOD AND ACCEPTED THE CONTENTS OF THE OFFER PROSPECTUS AND I UNDERSTAND AND ACCEPT ITS TERMS.**

**THE SUBSCRIPTION WAS MADE BY MEANS OF THE SUBSCRIPTION FORM DATED \_ / \_ / \_**

**Concluded today ...../...../....., hour ..... min ..... sec.... in 2 originals, one for each party.**

Last name and First name of the Intermediary/Eligible Participant

Last and first name/Corporate name of the Client

\_\_\_\_\_

\_\_\_\_\_

Signature and stamp

Signature (and stamp)