

BENEFICIAL OWNER**STATEMENT**

....., date

(place)

Customer's data („Company”)	
1	Name
2	Address
3	Tax identification number (TIN)
4	If the case of unavailability of TIN:
A	Name of relevant register
B	Country of registration
C	Register number
D	Date of registration

- I. Are the Company's securities admitted to trading on a regulated market that is subject to information disclosure requirements arising from European Union law or corresponding regulation of a third country:
- ☐ YES , name of the regulated market:
- ☐ NO
- II. The ultimate beneficial owners („Beneficial owner”) of the Company, in the understanding of the Act of March 2018 on counteracting money laundering and terrorist financing (Journal of Laws of 2023 item 1124), are the following natural persons:

No.	Surname and first name
1	
2	
3	
4	
5	

III. The Company:

- ☐ is obliged to report Beneficial owners to the register of Beneficial owners
- Name of the register of Beneficial owner.....
- Internet address of the above register
- ☐ is obliged to report Beneficial owners to the register of Beneficial owners, however this register is not yet available in the Company's country of residence
- ☐ is not obliged to report Beneficial owners to the register of Beneficial owners.

- IV. I certify, being aware of criminal liability for the submission of a false declaration, that the status of PEP of the Beneficial owners of the Company, in the understanding of the Act of March 2018 on

counteracting money laundering and terrorist financing (Journal of Laws of 2023 item 1124) is as stated below:

Lp.	Name and Surname of Beneficial owner	Politically exposed person	Family member of Politically exposed person	Person known as close co-worker of Politically exposed person	Day of termination of holding politically exposed position
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Politically exposed person or/and Family member of Politically exposed person or/and Person known as close co-worker of Politically exposed person.

V. Statements

I hereby certify that the above data have been provided to the best of my knowledge. In the event of any changes with respect to the information presented above, I shall update them within 7 days from the date when the change occurred and I shall provide additional documents to confirm the authenticity of this statement in case of necessity.

Person declaring on behalf of the Company*	
Surname and first name	
Signature**	
Date	
Type of representation	Representative/Authorised person ***

Person declaring on behalf of the Company*	
Surname and first name	
Signature**	
Date	
Type of representation	Representative/Authorised person ***

**In the case that the person signing this form is the authorised person, the power of attorney (scan) must be provided*

*** In the case of a wet (handwritten) signature, the specimen signature document (scan) must be provided e.g. specimen signatures card, notarized specimen signature or other document confirming the identity including specimen signature*

**** Delete as necessary*

TO BE COMPLETED BY ORLEN:OIL	
I confirm the sanction verification of people and company aforementioned:	
Surname and first name	
Signature	
Date	