

**POWER OF ATTORNEY FOR REPRESENTATION AT THE GENERAL
MEETING**

Doosan Škoda Power a.s.

I, the undersigned principal ("Principal"):

.....
(please enter here the name and surname or name / company name of the Principal)

.....
(please indicate here the full address of permanent residence or registered office of the Principal)

.....
(please indicate here the date of birth, or ID number of the Principal)

**as a shareholder of Doosan Škoda Power a.s., with registered office at Tylova 1/57, Jižní Předměstí,
301 00 Plzeň, Company ID: 49193864 , registered in the Commercial Register maintained by the Regional Court
in Plzeň, Section B, Insert 2251**

(the "Company") hereby authorize the attorney-in-fact (the "Agent"):

.....
(here indicate the name and surname, or name / business name of the Agent)

.....
(here indicate the full address of the permanent residence or registered office of the Agent)

.....
(please indicate here the date of birth or ID number of the Agent)

**to represent the Principal at the General Meeting of the Company to be held on 24 June 2025. The Agent is
authorised to represent the Principal in attending the above-mentioned General Meeting and in exercising all
rights of a shareholder relating to the above-mentioned General Meeting before, during and after the said
General Meeting, to the extent of the rights attached to all shares in the Company held by the Principal,
including voting on all items on the agenda of the said General Meeting.**

**The Agent is * / is not * authorized to grant a power of attorney (with a certified signature) to another
person to act for the Agent in his/her stead within the scope of this power of attorney. This power of attorney
is governed by the law of the Czech Republic.**

In on

.....
**a certified signature of the Principal , or persons authorised to represent the Principal (including their name,
surname and function)**

I accept this power of attorney.

In on

.....
**signature of the Agent or persons authorised to represent the Agent (including their name, surname and
capacity)**

*** Mark the option of your choice. If no option is marked, the Agent is not authorised to grant a substitute power
of attorney.**