FORM F1

APPLICATION FORM

I, the undersigned, ____

____, signature __

as a participant in the recruitment and selection process, knowing that false statements are punished in accordance with Article 326 of Law No. 286/2009 on the Criminal Code and understanding that any omission or inaccuracy in the presentation of information constitutes a false statement and is punished in accordance with the law, I hereby declare, on my own responsibility, the following:

| SECTION 1 | | | | | | | | |
|---------------------|--|--------|--|--|--|--|--|--|
| CONTACT INFORMATION | | | | | | | | |
| Name and Surname | | | | | | | | |
| Telephone | | E-mail | | | | | | |

| SECTION 2 | | | | | | | | | | |
|---|--|-------------------------------|-----------|----|--|--|--|--|--|--|
| LOCATION OF THE APPLICATION | | | | | | | | | | |
| I want to participate in the selection and nomination procedure of candidates for the position of | | | | | | | | | | |
| member of the Board of Directors: | | | | | | | | | | |
| А | | B | | - | | | | | | |
| in | | | | | | | | | | |
| | | name of publi | ic compar | าy | | | | | | |
| | | itor and registered in the Pu | | | | | | | | |
| | | ber State, the European Ec | | | | | | | | |
| | | tutory audit acquired by pa | | | | | | | | |
| | | ormed at the level of boards | | | | | | | | |
| | | en with supporting docume | | | | | | | | |
| Article 65, paragraph (3) and (3 ¹) of Law No.162/2017 on the statutory audit of the annual financial | | | | | | | | | | |
| statements and consolidated annual financial statements and amending certain normative acts, as | | | | | | | | | | |
| subsequently amended and supplemented. | | | | | | | | | | |
| YES NO | | | | | | | | | | |

| STATUS To comply with the provisions of Article 28, paragraph (5) and Article 33 of Government Emergency Ordinance No.109/2011, I hereby declare the following: | | | | | | | | | |
|--|--------------|--|---------------|--|--|--|--|--|--|
| I am a civil servant or a person from other categories of personnel within the public YES IN NO | | | | | | | | | |
| I am simultaneously exercising several mandates as member of the Board of Directors and/or the Supervisory Board in public companies whose headquarters are located in Romania | 1 mandate | | 2 mandates | | | | | | |
| | | | | | | | | | |
| I am in the 3-year period of prohibition to exercise a public function of the at Article 1 of Law No. 176/2010 on integrity in the exercise of public dignities, amending and supplementing Law No. 144/2007 on the e organisation and functioning of the National Integrity Agency and a supplementing other normative acts | YES | | NO | | | | | | |

| | SECTION 3 | | | | | | | | | |
|-------------|--|--|----------|-----|---|----|--|-------|-------------------------------|--|
| | DETAILED PROFESSIONAL BACKGROUND (Fill in and, if applicable, add rows with the professional experience in the field of completed Bachelor studies) | | | | | | | | | |
| for t | University, faculty, for the completed Bachelor studies | | | | | | | | | |
| ltem No. | Position | | Employer | Fro | m | То | | | iration ears and hs) | Name of the attached supporting document |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| | University, faculty, for other completed Bachelor studies | | | | | | | | | |
| ltem No. | Position | | Employer | Fro | m | То | | (in y | iration ears and onths) | Name of the attached supporting document |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |

| SECTION 4 | | | | | | | | |
|---|-------------------------------------|--------------------------------|--|--|--|--|--|--|
| | | | | | | | | |
| Master's Degree (field and university) | MBA/EMBA (field and institution) | PhD (field and institution) | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Form F1 – Application Form *This form is a declaration on my own responsibility and is enforceable against me.

| (Fill in, i | SECTION 5 PROFESSIONAL EXPERIENCE (Fill in, in reverse chronological order, and add rows if necessary. Summarize experience with the same employer in different positions in a | | | | | | | | | |
|-------------|--|---------|------|----|---|--|--|--|--|--|
| Total ovr | single row) | | | | | | | | | |
| Item No. | perience (in years and mo Position | Company | From | То | Duration (in years and in months) | Name of the attached supporting document | | | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |

| | SECTION 6 | | | | | | | | | |
|-------------|--|---------|------|----|--------------------------------------|--|--|--|--|--|
| (Fill | MANAGEMENT AND/OR ADMINISTRATION EXPERIENCE (Fill out the positions of middle manager, top manager, mandated officer and/or member of the Board of Directors, in reverse chronological order, and add rows if necessary. Summarize the experience within the same employer in different positions in a single row) | | | | | | | | | |
| Tota | I experience (in years and mo | nths) | | | | | | | | |
| ltem No. | Position | Company | From | То | Duration (in years and months) | Name of the attached supporting document | | | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |

| SECTION 7 | | | | | | | | | | |
|---|---|-------------|------------------------|--|---------------|---------------|-----------------------|--|--|--|
| INFORMATION ON MANDATE CONTRACTS | | | | | | | | | | |
| Mandates in Boards of Directors/Directorates/Supervisory Boards / as Officer currently held (duration of each mandate will be specified) | | | | | | | | | | |
| | Type of Mandate | | | Period | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Mandat | | | orates / Supervisory Boa | | er | | | | |
| | Type of Mandate | held in the | e past (duration of ea | ach mandate will be spec Public Company | cified) | | Period | | | |
| | Type of Manuale | | | | | | Fellou | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | ION 8 | | <u>-</u> | | | | |
| (Fill in t | the requested information after | having obta | ined the consent of t | REFERENCES ABOUT M these persons to use the COCESSING PERSONAL | ir contact de | tails and aft | er they have accepted | | | |
| Item Name and Surname Institution/Company Phone Number Email A | | | | | | ddress | Relationship | | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| | I hereby give my consent for the indicated persons to be contacted and I hereby declare that I | | | | | S | NO | | | |
| obtain | obtained the consent of the indicated persons and therefore I hereby attach Form F4 Consent for Processing Personal Data | | | | | | | | | |

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