

**REVOCATION FORM
FOR THE PURCHASE OFFER OF THE SHARES ISSUED BY FARMACEUTICA
REMEDIA SA and intermediated by IFB FINWEST SA**

Natural person

First name _____ Last name _____

Any other names used (eg pseudonym) _____

PIN _____

Series and no. of Identity card (CI / Passport) _____

Release day _____ Releasing entity _____

Date of birth _____ Place of birth _____ Country of origin _____

Citizenship _____ Nationality _____ Residence _____

Permanent domicile: street _____

No. _____ flat _____ stair _____ floor _____ ap. _____ City _____ county/sector _____

Zip Code _____ country _____

Residency address (if different) street _____

No. _____ flat _____ stair _____ floor _____ ap. _____ City _____ county/sector _____

Zip Code _____ country _____

Phone _____ Fax _____ E-mail _____

Name and place of activity / occupation _____

Public office held (if applicable) _____

Name of actual beneficiary (if applicable) _____

Represented by (if applicable)

Name and surname of the representative _____

holder of BI / CI / passport series _____, nr. _____, CNP _____,

resident in city _____, street _____, no _____, flat

_____, floor _____, ap. _____, county / sector _____ country

_____, phone _____, zip code _____, e-mail _____,

Based on the special delegation no. _____,

Legal entity

Company name _____

Legal form and structure _____

Certificate of registration with the Trade Register (or equivalent authorities)

No _____ serial _____ date _____

Unique registration code _____

Headquarters _____

Phone _____ Fax _____ E-mail _____ web page _____

Subscribed and paid-in share capital _____

Shareholder / associates structure _____

Name of actual beneficiary _____

Legally represented by:

Name and surname of the representative _____
holder of BI / CI / passport series _____, nr. _____, CNP _____,
resident in city _____, street _____, no _____, flat
_____, floor _____, ap. _____, county / sector _____ country
_____, phone _____, zip code _____, e-mail _____,

As _____, according to _____
(the documents proving the quality of representative will be specified (constitutive act, decision of the statutory body - eg GMS decision, decision of the Board of Directors, power of attorney, etc.)

By signing this form I exercise my right to revoke a number of _____ shares issued by FARMACEUTICA REMEDIA SA, in the terms and conditions provided in the Public Offering Document approved by ASF by Decision no. 122 / 08.02.2023.

The subscription was made through the Subscription Form no. _____ since _____

IFB FINWEST SA is not responsible for the irregularities that appeared in my relationship with the authorized intermediary who took over my revocation form if the irregularities are caused by the latter's non-compliance with the conditions and the public offer document approved by ASF.

I ACKNOWLEDGE THE CONTENT OF THE PUBLIC OFFER DOCUMENT, I UNDERSTAND AND ACCEPT ITS CONDITIONS

**Signature of the subscriber
(and stamp for legal entities)**

Signature and stamp of the intermediary