# POWER OF ATTORNEY

Code

**TO ATTEND COTECCONS 17TH ANNUAL GENERAL MEETING - 2021**

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| **To: COTECCONS CONSTRUCTION JOINT STOCK COMPANY** |
| * The Authorizing Party: * Name of shareholder : ……………………………………………………………………………………………… * Number of shares : ……………………………………………………………………………………………… * ID /Passport/ Business Registration Number: …………………… Date of Issue: ……/……/…………… * Address : ……………………………………………………………………………………………… * Telephone : ……………………………………………………………………………………………… * The Authorized Party: * Name of individual/ organization: ....…………………………………………………………………………… * ID /Passport/ Business Registration Number: …………………… Date of Issue: ……/……/…………… * Address : ……………………………………………………………………………………………… * Telephone : ………………………………………………………………………………………………   *Or Shareholder can authorize the person listed below by filling “✓” to the checkbox on the left, next to person you select to authorize.*   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Full name** | **Passport No.** | **Date of Issue** | **Position** | |  | Mr. Bolat Duisenov | N12198178 | 21/01/2019 | Chairman of BOD |  * **Authorization content:** The Authorizing Party agrees to authorize the Authorized Party to represent and on behalf of the Authorizing Party to act and decide all rights and obligations of shareholder at the 17th Annual General Meeting - 2021 of Coteccons Construction Joint Stock Company.   The Parties are fully responsible for the content of the authorization and commit to comply with the provisions of the Charter of Coteccons Construction Joint Stock Company and current legal regulations.   * **Authorization period:** The Power of Attorney is valid upon the signing date until the closing of the Meeting, the authorization is made once and is not forwarded. |
| **Note:** The Power of Attorney must be made in company’s form and with the signatures of the Authorizing Party and the Authorized Party *(signature of the legal representative and stamp are required for any shareholder which is organization)*. |
| *HCMC, date ...........................*  **The Authorized Party The Authorizing Party**  *(Signature and Full name) (Signature and Full name)* |