# POWER OF ATTORNEY

**TO ATTEND ANNUAL GENERAL MEETING FOR FISCAL YEAR 2025**

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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 to Chairman by filling “✓” to the checkbox on the left*   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Full name** | **Passport No.** | **Date of Issue** | **Position** | |  | Mr. Bolat Duisenov | N16091854 | 19/10/2023 | Chairman of BOD |  * **Authorization content:** The Authorizing Party agrees to authorize the Authorized Party to represent and on behalf of the Authorizing Party to attend the Annual General Meeting for fiscal year 2025 of Coteccons Construction Joint Stock Company (AGM) and act rights and obligations of shareholder corresponding to the number of shares owned by the Authorizing Party.   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, Regulations on Organization AGM and current legal regulations.   * **Authorization period:** The Power of Attorney is valid upon the signing date until the closing of the AGM, the authorized party shall not sub-authorize its authorization to another person. |
| **Note:** This Power of Attorney must be signed by the Authorizing Party and the Authorized Party *(signature of the legal representative and stamp are required for any shareholder which is organization)*. |
| *HCMC, date ...........................2025*  **The Authorized Party The Authorizing Party**  *(Signature and Full name) (Signature and Full name)* |