

REVOCATION OF A POWER OF ATTORNEY

lssuer (Shareholder					
First Name, Last Name / Comp	oany Name		<u> </u>	1 1 1	
Address				Date of birth /	Registration n
Securities account no.	Credit ins	titution (securities account)	1 1		
e-mail address (I/we herewith	confirm with my/our signature/-s that access to the	is e-mail address is restricted to my	person)		
shareholder, ap	proof of your power of representation provided and provided the court, etc. Iter of PIERER Mobility AG, I/	c.).	•		
	(Name of the authorized rep	resentative in block let	ters)		
G	to represent me/us at the genera :00 a.m. at KTM Motohall, KT	G		•	April
Date	Signature / Company	Signatures of all co-sh	areholder	rs. if applicable	