

REVOCATION OF A POWER OF ATTORNEY

Issuer (Shareholder)			
First name, Last Name / Compa	ny Name		
Address			Date of birth / Registration no.
Custody account number	Credit institution (s	ecurities account)	
E-mail address (I/we herewith c	onfirm with my/our signature/-s that access to the	nis e-mail address is restricted to my person)
•	ng this revocation as a sharehold ur power of representation (pow he court, etc.).	*	• •
As a shareholder of I/we	of PIERER Mobility AG, I/wo	e hereby revoke the power	of attorney which
	(Name of the authorised repr	esentative in block letters)	
<u> </u>	present me/us at the general r (CEST) in the House of Branc	0	
Date	Signature / Company	Signature of all co-sha	reholders, if applicable