

**SUBSCRIPTION CANCELLATION FORM
FOR THE SHARES SUBSCRIBED IN THE SHARE CAPITAL INCREASE
OF SN NUCLEARELECTRICA SA
(Prospectus approved by Financial Supervisory Authority Decision no. 976/13.08.2020)**

By and between:

SSIF a Romanian legal entity headquartered in....., Trade Register no., Tax Identification Number, investment company authorised by Decision no. registered with the Public Registry of under no., hereinafter referred to as **“Intermediary”** and

Surname and first name (including any other names used, e.g. pseudonym) _____, holder of Identity Bulletin <input type="checkbox"/> Identity Card (or its equivalent for foreign individuals) <input type="checkbox"/> Passport <input type="checkbox"/> Residence permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> Temporary/permanent identification document <input type="checkbox"/> series _____ no. _____, issued by _____, on _____ National Identification Number _____ (or its equivalent for foreign individuals) _____ place of birth _____ date of birth _____, citizenship _____, nationality _____, country of origin _____, residence for tax purposes _____, permanent home in _____, st. _____, no. _____, building _____, unit _____ floor _____, apt. _____, district/county _____, postal code _____ country _____, telephone _____, fax _____, e-mail _____, occupation _____, employer name (or nature of self-employment) _____, place of employment _____, public office held (PEP) _____, education high school <input type="checkbox"/> college <input type="checkbox"/> under-graduate <input type="checkbox"/> post-graduate <input type="checkbox"/> , purpose and nature of the business relationship _____, source of funds used in relationship to the Intermediary _____, beneficial owner of the funds <input type="checkbox"/> YES <input type="checkbox"/> No – beneficial owner: Surname and first name (including any other names used, e.g. pseudonym) _____, holder of Identity Bulletin <input type="checkbox"/> Identity Card (or its equivalent for foreign individuals) <input type="checkbox"/> Passport <input type="checkbox"/> Residence permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> Temporary/permanent identification document <input type="checkbox"/> series _____ no. _____, issued by _____, on _____ National Identification Number _____ (or its equivalent for foreign individuals) _____ place of birth _____ date of birth _____, citizenship _____, nationality _____, country of origin _____, residence for tax purposes _____, permanent home in _____, st. _____, no. _____, building _____, unit _____ floor _____, apt. _____, district/county _____, postal code _____ country _____, telephone _____, fax _____, e-mail _____, IBAN _____ account opened with _____ bank, branch _____, occupation _____, employer name (or nature of self-employment) _____

_____, place of employment _____, public office held (PEP) _____, education high school college under-graduate post-graduate , purpose and nature of the business relationship _____, source of funds used in relationship to the Intermediary _____.

Represented by (if appropriate): Legal representative: Ms. Mr. Surname and first name (including any other names used, e.g. pseudonym) _____, holder of Identity Bulletin Identity Card (or its equivalent for foreign individuals) Passport Residence permit EU Blue Card Temporary/permanent identification document series _____ no. _____, issued by _____, on _____ National Identification Number (or its equivalent for foreign individuals) _____ place of birth _____ date of birth _____, citizenship _____, nationality _____, country of origin _____, residence for tax purposes _____, permanent home in _____, st. _____, no. _____, building _____, unit _____ floor _____, apt. _____, district/county _____, postal code _____ country _____, telephone _____, fax _____, e-mail _____, employer name (or nature of self-employment) _____, place of employment _____, public office held (PEP) _____, appointed representative by power of attorney no. _____ of _____ attached hereto.

Business name _____, legal form of incorporation _____, number, series and date of registration certificate or equivalent document _____, no. with the Trade Register (or the competent authority in the country of origin) _____, Tax Identification Number/VAT Number (or its equivalent for foreign legal entities) _____, LEI _____, subscribed share capital _____, paid-up share capital _____, type of ownership public, private, mixed, Group membership _____, legal entities in the group _____, type and nature of business _____, residence for tax purposes _____, registered office/branch address in _____, st. _____, no. _____, building _____, floor _____, apt. _____, district/county _____, postal code _____, country _____, telephone _____, fax _____, e-mail _____, website _____, IBAN _____ account opened with _____ bank, branch _____, purpose and nature of the business relationship _____, source of funds used in relationship to the Intermediary _____.

Beneficial owner of the funds YES No – beneficial owner (including individual beneficial owners): Surname and first name (including any other names used, e.g. pseudonym) _____, holder of _____

Identity Bulletin Identity Card (or its equivalent for foreign individuals) Passport Residence permit EU Blue Card Temporary/permanent identification document series _____ no. _____, issued by _____, on _____

National Identification Number (or its equivalent for foreign individuals) _____ place of birth _____ date of birth _____, citizenship _____, nationality _____, country of origin _____, residence for tax purposes _____, permanent home in _____, st. _____, no. _____, building _____, unit _____ floor _____, apt. _____, district/county _____, postal code _____ country _____, telephone _____, fax _____, e-mail _____, IBAN _____ account opened with _____ bank, branch _____, occupation _____, employer name (or nature of self-employment) _____, place of employment _____, public office held (PEP) _____, education high school college under-graduate post-graduate , purpose and nature of the business relationship _____, source of funds used in relationship to the Intermediary _____. Represented by (if appropriate):

Legal representative: Ms. Mr. Surname and first name (including any other names used, e.g. pseudonym) _____, holder of Identity Bulletin Identity Card (or its equivalent for foreign individuals) Passport Residence permit EU Blue Card Temporary/permanent identification document series _____ no. _____, issued by _____, on _____

National Identification Number (or its equivalent for foreign individuals) _____ place of birth _____ date of birth _____, citizenship _____, nationality _____, country of origin _____, residence for tax purposes _____, permanent home in _____, st. _____, no. _____, building _____, unit _____ floor _____, apt. _____, district/county _____, postal code _____ country _____, telephone _____, fax _____, e-mail _____, occupation _____, employer name (or nature of self-employment) _____, place of employment _____, public office held (PEP) _____, holding the capacity of _____, according to: Articles of Association General Shareholders Meeting Resolution Board of Directors Decision Power of attorney , attachments (indicate the documents in proof of representative capacity: articles of association, decision of statutory body, e.g.: General Shareholders Meeting Resolution, Board of Directors Decision, Power of attorney, etc) o Custodian (if appropriate): _____, Arena custodian account no. _____

hereinafter referred to as “Client”, have agreed on the signing of this Subscription Cancellation Form which cancels the subscription of shares by way of Subscription Form no. _____ of _____.

By signing this form, in accordance with the provisions of the law and the provisions set out in the Simplified Prospectus approved by the financial Supervisory authority by Decision no. 976 of 13.08.2020, I hereby request cancellation of the subscription made on _____ in the Offer for the share capital increase of S.N. Nuclearelectrica S.A.,

subscription made for a number of _____ new shares issued at a price equal to the nominal value of 10 RON/share.

I also declare that this is a full cancelation of the subscription, in accordance with the provisions in the Prospectus. I hereby declare that I have the legal and statutory capacity required to sign this subscription cancellation form and I am not aware of any fact or action by a third party which may affect or limit such capacity.

The amount of _____ corresponding to the subscription cancelled in full will be refunded to me in the account indicated in the Subscription Form, whose holder I am.

Surname and first name
Intermediary representative
Signature and stamp

Surname and first name
Client/Representative
Signature (and stamp)