

Revocation Form no: _____

Date: _____

**REVOCATION FORM OF THE SHARE SUBSCRIPTION FOR
THE SHARE CAPITAL INCREASE
OF SOCIETATII NATIONALE NUCLEARELECTRICA S.A.**

Concluded between:

BRD - Groupe Societe Generale S.A., credit institution with registered office at the address 1-7 Bd. Ion Mihalache, Sector 1, Bucharest, a company registered with the Bucharest's Trade Registry under no J40/608/1991, sole registration code 361579, share capital RON 696,901,518, certified by the National Securities Commission (NSC) with number 255/06.08.2008, registered at the NSC's Register under no PJR01INCR/400008, phone/ fax: 021.301.4151/021.301.4159, web: www.brd.ro, hereinafter the „**Intermediary**”

and

The undersigned,

NATURAL PERSON

Name and Surname (including any other names used, e.g. alias) _____, owner of IC <input type="checkbox"/> (or its equivalent for foreign citizens) <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 by _____ PIN (or its equivalent for foreign persons) _____ place of birth _____ date of birth _____, citizenship _____, nationality _____, native country _____, residency _____, domiciled in _____, street, no. _____, bl. _____, entrance _____ floor _____, ap. _____, district/county _____, postal code _____ country _____, phone _____, fax _____, E-mail _____, occupation _____, employer's name _____, location for the activity development _____, Public position owned (PEP) _____, study level high-school <input type="checkbox"/> post-high school <input type="checkbox"/> university <input type="checkbox"/> post university <input type="checkbox"/> , civil status married <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> , purpose and nature of the business relationship _____, funding source _____.
The real Beneficiary of the transacted funds <input type="checkbox"/> YES, <input type="checkbox"/> NO – the real beneficiary is: name and surname (including any other used names, e.g. alias) _____, owner of the IC <input type="checkbox"/> (or its equivalent for foreign citizens) <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. _____, PIN (its equivalent for foreign citizens) _____, place of birth _____, date of birth _____, citizenship _____, residency _____, domiciled in _____, street, no. _____, bl. _____, floor _____, ap. _____, district/county _____, country _____, phone _____, postal code _____, E-mail _____, bank account (IBAN) code _____ opened at the bank _____ branch _____, occupation _____, employer's name _____, public position _____ owned _____ (PEP) _____, location for the

activity development _____, public position owned (PEP) _____, study level high-school post-high-school university post university , civil status married single divorced , purpose and nature of the business relationship _____, funding source _____,

Represented by:

Duly represented by: Mrs. Mr.

Name and Surname (including any other used names, e.g. alias) _____, owner of IC (or its equivalent for foreign citizens) Passport Residence permit EU Blue Card Temporary/permanent identification document series _____ no. _____, PIN (or its equivalent for foreign citizens) _____, place of birth _____ date of birth _____, citizenship _____, residence _____, domiciled in _____, street, no. _____, bl. _____, floor _____, ap. _____, district/county _____, country _____, postal code _____, phone _____, E-mail _____, occupation _____, public position owned (PEP) _____ based on the power of attorney no. _____ from _____ attached.

LEGAL PERSON

Name _____, legal type _____, the number, series and date of the registration certificate or of the equivalent document _____, registration with the Trade Register (or the competent authority from the origin country) _____, fiscal code/sole registration code (or the equivalent for foreign legal persons) _____, issued share capital _____, paid share capital _____, with registered office/address of the branch from the locality _____, street, no. _____, bl. _____, floor _____, ap. _____, district/county _____, postal code _____, country _____, phone _____, fax _____, E-mail _____, Website _____, bank account (IBAN) _____ opened at the bank _____ branch _____, the purpose and nature of the operations carried out with the Intermediary _____.

The real Beneficiary of the transacted funds YES, NO – the real beneficiary is: name and surname (including any other used names, e.g. alias) _____, owner of IC (or its equivalent for foreign persons) Passport Residence permit EU Blue Card Temporary/permanent identification document series _____, no. _____, issued by _____, on _____, PIN (or its equivalent for foreign persons) _____, place of birth _____, date of birth _____, citizenship _____, nationality _____, native country _____, residency _____, domiciled in _____, street, no. _____, bl. _____, floor _____, ap. _____, district/county _____, country _____, postal code _____, phone _____, E-mail _____, bank account (IBAN) _____ opened at the bank _____ branch _____, occupation _____, employer's name _____, public position _____.

owned (PEP) _____, study level high-school post-high-school university post university , civil status married single divorced , purpose and nature of the business relationship _____, source of the funds _____

Represented by:

Legal representative: Mrs. Mr.

Name and Surname (including any other used names, e.g. pseudonym) _____, holder of IC (or its equivalent for foreign persons) Passport Residence permit EU Blue Card Temporary/permanent identification document series _____ no. _____, PIN (or its equivalent for foreign persons) _____, place of birth _____ date of birth _____, citizenship _____, residency _____, domiciled in the locality _____, str. _____, no. _____, bl. _____, floor _____, ap. _____, sector/county _____, country _____, postal code _____, phone _____, e-mail address _____, occupation _____, public position owned (PEP) _____ as _____, according to: the Articles of Incorporation Decision of the GSM BoD Decision Power of Attorney , attached (shall be stated the documents proving the position of representative: articles of incorporation, decision of the state authority, e.g.: GSM decision, BoD decision, power of attorney, etc)

Custodian (as the case may be): _____, Arena Custodian account no _____.

hereinafter called the „Client”, considering:

1. on _____ was published the amendment to the proportionate Prospectus regarding the offer for the share capital increase of the Compania Nationala Nuclearelectrica SA (the „Prospectus”), as defined in the Prospectus, approved by the ASF’s decision no _____ from _____
2. According to the Prospectus, the Client undertakes to withdraw the submission made within two (2) business days from the publication date of an amendment to the Prospectus.

I HEREBY REVOKE THE SUBSCRIPTION MADE ON _____, REGISTERED UNDER NO. _____ FOR A NUMBER OF _____ SHARES ISSUED ON THE TERMS AND CONDITIONS PROVIDED IN THE PROSPECTUS.

I agree that the amount of _____ submitted as countervalue of the submitted shares to be returned*:

in the account from where the subscription was made, or

In the bank account number _____ opened at the Bank _____ holder of the beneficiary account (cannot be other than the holder of the submission form) _____, holder’s PIN/sole registration code _____

* I acknowledge and accept the fact that the amounts shall be paid within five (5) business days from the date of the Intermediary receiving the hereby Revocation Form, completed and correct, under the condition that the request of withdrawal as the Revocation Form to be sent to the Intermediary in time.

I attach copies of the following documents:

- Copy of the identity document
- Authenticated Power of Attorney/Power of Attorney for the legal representative is attached to the hereby form (as the case may be)

I hereby declare that I acknowledged, understood and accepted the provisions of the hereby Revocation Form.

Executed today, _____ time _____: _____: _____, in two (2) original copies, one for each party: one for the Client and one for the Intermediary.

Name and surname of the Intermediary representative

Name and Surname of the Client/Representative

Signature and stamp

Signature (and stamp)