

POWER OF ATTORNEY

Place and date of issuance of the power of attorney

Power of attorney

If an individual - name, surname, personal code (if the person does not have a personal code, date of birth, identification document number and date of issue, country, and issuing authority); if a legal entity - name, registration number, legal address, representative, basis of representation

as the grantor of the power of attorney (hereinafter – the Grantor) hereby authorizes

If an individual - name, surname, personal code (if the person does not have a personal code, date of birth, identification document number and date of issue, country, and issuing authority) or legal entity - name, registration number, legal address, representative, basis of representation

as the attorney (hereinafter – the Attorney) to represent the interests of the Grantor at the shareholders' meeting of AS “Latvijas Jūras medicīnas centrs” (registration number: 40003306807, legal address: Rīga, Patversmes iela 23, LV-1005)

on 4 June, 2025

year, month, and date of the shareholders' meeting

with _____ shares (votes) owned by the Grantor. (all or specifying the number of shares)

*Grantor's Signature**

**If the Grantor is an individual, the signature and the name in print must be provided. If the Grantor is a legal entity, the representative's position, signature, name in print, and seal impression (if available) must be provided.*