POWER OF ATTORNEY

| Below is the 2024 extraordinary general assembly meeting of SANİCA ISI SANAYİ ANONİM |
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| ŞİRKETİ to be held on Monday, 03.09.2024, at 14:00 at the Company headquarters, Kavaklı |
| Mahallesi İstanbul Caddesi Sanica Blok No:10 İç Kapı No:1 - 34520 Beylikdüzü / İSTANBUL. |
| To be authorized to represent me, to vote, to make proposals and to sign the necessary |
| documents in line with the views I have expressed. I am appointing |
| proxy. |

| proxy. | s in time with the views I have expressed. I am a | ppointing | •••••• | •••••• | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|---------------------------|--|
| A. SCOPI | E OF REPRESENTATION AUTHORITY | | | | |
| | 1. The proxy is authorized to vote for all agenda items in his/her own opinion. | | | | |
| | 2. The proxy is authorized to vote on the agenda it below. | ems in accorda | ance with | the instructions | |
| Agenda Number | Agenda Items | (a) Acceptance | (b) Denial | (c) Dissenting Opinion | |
| 1 | Opening and establishment of the Meeting Presidency, | | | | |
| 2 | Authorizing the Meeting Chairmanship to sign the Meeting Minutes, | | | | |
| 3 | Submission of the amendment text of the articles of association regarding the new registered capital ceiling and validity period to the approval of the General Assembly | | | | |
| 4 | Wishes and Hopes. | | | | |
| 3. The proxy is authorized to vote in line with the recommendations of the company management. 4. The proxy is authorized to vote for all agenda items in his/her own opinion. Instructions: | | | | | |
| B. SHAR | ES OWNED BY THE PARTNER | | | | |
| Arrangement and series Number Quantity-Nominal value Whether there is a voting privilege or not Bearer- Registered | | | | | |
| PARTNER'S NAME SURNAME or TITLE: | | | | | |
| SIGNATU | URE: | | | | |

NOTE: In section (A), one of the options specified as (1), (2), (3) or (4) is selected. An explanation is given for parts (2) and (4).

ADDRESS: