



**Annual General Meeting on May 29, 2019**

Admission ticket number: \_\_\_\_\_

Number of shares: \_\_\_\_\_

**Power of Attorney**

**Delegated Power of Attorney**

I / We

I

\_\_\_\_\_  
Surname, First name

\_\_\_\_\_  
Surname, First name

\_\_\_\_\_  
Zip Code, City

\_\_\_\_\_  
Zip Code, City

authorize hereby Mr. / Mrs.

grant hereby to Mr. / Mrs.

\_\_\_\_\_  
Surname, First name

\_\_\_\_\_  
Surname, First name

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
Zip Code, City

\_\_\_\_\_  
Zip Code, City

including the right to grant delegated powers of attorney, to represent me/us – with disclosing my/our name(s) in the list of participants – in the Annual General Meeting of STADA Arzneimittel AG on May 29, 2019 and to exercise my/our right to vote.

on the basis of the accompanying power of attorney delegated power of attorney including the right to grant another delegated power of attorney, to represent the shareholder(s) mentioned (on the left) – with disclosing his/her/their name(s) in the list of participants – in the Annual General Meeting of STADA Arzneimittel AG on May 29, 2019 and to exercise his/her/their right to vote.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature(s) or naming of the person(s) making the declaration pursuant to § 126b BGB (Principal)

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature or naming of the person making the declaration pursuant to § 126b BGB (Authorized Representative)



**Note:**

Please submit the Power of Attorney to the following address:

STADA Arzneimittel AG  
c/o Link Market Services GmbH  
Landshuter Allee 10  
80637 Munich, Germany  
Fax: +49 (0) 89 / 21027288  
E-mail: [hv2019@stada.de](mailto:hv2019@stada.de)  
[www.stada.com/agm2019](http://www.stada.com/agm2019)