



HOLDING SE PUBLIC COMPANY LIMITED BY SHARES

Complete the form and tick the corresponding boxes, then date and sign where indicated

PROXY FORM

**ANNUAL GENERAL MEETING
OF THE SHAREHOLDERS
OF FOTEX HOLDING S.E. (the "Company") TO BE HELD
ON MONDAY 14TH MAY 2015
AT THE REGISTERED OFFICE AT
26-28, rue Edward Steichen, L-2540 LUXEMBOURG,
GRAND-DUCHY OF LUXEMBOURG
AT 2:30 P.M. (the "General Meeting")**

Shareholder identification:

Last name, first name, address, corporate denomination, registered office

Number of ordinary shares:

Number of preferred shares:

Date and signature

As indicated in the information letter returned to the Company on _____ I will not attend the General Meeting in person AND:

☐ 1. I irrevocably give power to

.....

to vote in my name and as he deems fit on all resolutions of the agenda in addition to all amendments or new resolutions that would be validly presented to the General Meeting.

OR

☐ 2. I irrevocably give power with the following voting instructions to the Secretary of the General Meeting:

Resolutions	I	II	III	IV	V	VI	VII	VIII	IX	X	XI
For											
Against											
Abstention											

If amendments or new resolutions were to be presented, I irrevocably give power to the Secretary of the General Meeting, to vote in my name and as he deems fit, unless I tick the box below:

"I abstain"

☐

Any blank form will be considered as an irrevocable proxy to the Secretary of the General Meeting, to vote in the name of the shareholder and as he deems fit.

Any lack of choice that is clearly expressed on the various voting instruction options provided above or any contradictory choice will be considered as an irrevocable proxy to the Secretary of the General Meeting, to vote as he deems fit in the name of the shareholder.

The present proxy form has to be deposited at the registered office of the Company no later than **6th May 2015 at noon**. The proxy may be submitted by mail to the registered office of the Company or by e-mail at info@fotex.lu or by fax at +352 271 127 200.

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