

Appendix 4: Form for collective suitability assessment of the Supervisory Board

**Collective suitability assessment**

**Part I – Basic data**

|                            |                      |
|----------------------------|----------------------|
| <b>Entity:</b>             | (name of the entity) |
| <b>Body:</b>               | (name of the body)   |
| <b>Date of assessment:</b> | (date of assessment) |

|   |                               |
|---|-------------------------------|
| <b>Prerequisites for conducting the assessment:</b> | (write the prerequisites)     |
| <b>Date of previous assessment:</b>                 | (date of previous assessment) |

|   |             |
|---|-------------|
| <b>Body composition:</b><br>(full name) | (person 1)  |
|   | (person 2)  |
|   | (person 3)  |
|   | (person 4)  |
|   | (person 5)  |
|   | (person 6)  |
|   | (person 7)  |
|   | (person 8)  |
|   | (person 9)  |
|   | (person 10) |

|               |  |
|---------------|--|
| <b>Notes:</b> |  |
|---------------|--|

**Collective suitability assessment****Part II – Management competence**

|   | Number of Supervisory Board Members with a very high score | Number of Supervisory Board Members with a high score | Number of Supervisory Board Members with an average score | Number of Supervisory Board Members with an elementary score | Number of members of the Supervisory Board assessed competence |
|---|--|---|---|--|--|
| Knowledge of the market   |  |   |   |  |  |
| Knowledge of legal requirements and regulatory framework                          |  |   |   |  |  |
| Strategic planning (having management skills)                                     |  |   |   |  |  |
| Knowledge of the management system, including risk management                     |  |   |   |  |  |
| Accounting and financial auditing   |  |   |   |  |  |
| Supervision, control and internal audit   |  |   |   |  |  |
| Interpretation of financial information (having skills in finance and accounting) |  |   |   |  |  |
| Having skills in the insurance field  |  |   |   |  |  |
| Having skills in the actuarial function   |  |   |   |  |  |
| Knowledge of the Polish language  |  |   |   |  |  |

**Collective suitability assessment**

**Part III – Competence in risk management**

|  | Number of Supervisory Board Members with a very high score | Number of Supervisory Board Members with a high score | Number of Supervisory Board Members with an average score | Number of Supervisory Board Members with an elementary score | Number of members of the Supervisory Board without assessed competence |
|--|--|---|---|--|--|
| Knowledge of the risks in the insurance sector |  |   |   |  |  |

**Collective suitability assessment**

**Part IV – Competence in the entity’s main business areas/line of business**

|                                   | Number of Supervisory Board Members with a very high score | Number of Supervisory Board Members with a high score | Number of Supervisory Board Members with an average score | Number of Supervisory Board Members with an elementary score | Number of members of the Supervisory Board without assessed competence |
|-----------------------------------|--|---|---|--|--|
| Knowledge of the line of business |  |   |   |  |  |

**Collective suitability assessment**

**Part V – Quantitative criteria**

|   | Number of the Supervisory Board Members who meet the independence criteria | Number of Supervisory Board Members who do not meet the independence criteria |
|---|--|---|
| Meeting the independence criteria set forth in the Best Practices of WSE Listed Companies adopted by the Supervisory Board of Giełda Papierów Wartościowych w Warszawie S.A. (Warsaw Stock Exchange). |  |   |

**Rules for the assessment of suitability of the PZU SA Supervisory Board and Audit Committee**

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## Chapter 1 General provisions

### § 1

#### The scope of the Rules

Rules for the assessment of suitability of the PZU SA Supervisory Board and Audit Committee, hereinafter referred to as the “Rules,” define the principles and methodology for conducting the primary suitability assessment of candidates for members of the Supervisory Board and Audit Committee, the secondary suitability assessment of members of the Supervisory Board and Audit Committee, and the collective suitability assessment of the Supervisory Board and Audit Committee at PZU SA.

### § 2

#### Definitions

The terms and abbreviations used in the Rules mean:

- 1) **BCM** – Compliance Department; an organizational unit within the PZU structure, whose responsibilities include, in particular, system-based management of compliance risk, including in the area of compliance of the Company’s conduct with the law, internal regulations and accepted standards of conduct, systemic supervision of the compliance function in accordance with the Solvency II Directive and guidelines or recommendations of the KNF, as well as cooperation with the regulator;
- 2) **BZA** – Office of the Management Board; an organizational unit within the structure of PZU, whose responsibilities include, in particular, corporate services for the PZU Management Board and the PZU Supervisory Board;
- 3) **Form** – the suitability assessment form to be filled out by the person assessed in the suitability assessment process, the template of which is published on the PZU website;
- 4) **KNF** – Polish Financial Supervision Authority;
- 5) **Nomination and Compensation Committee** – a committee appointed and functioning within the PZU Supervisory Board;
- 6) **Competence** – knowledge (derived from education, training, credentials or professional degrees, and otherwise acquired in the course of a career of the person assessed), experience (acquired while holding certain functions or positions) and skills necessary to perform functions;
- 7) **CCC** – Act of 15 September 2000 – Commercial Company Code;
- 8) **Methodology** – Methodology of assessment of suitability of members of corporate bodies of supervised entities published by KNF, available on the KNF website;
- 9) **Independence of the Supervisory Board Member** – a situation in which the independence requirements set forth in the PZU Articles of Association are met and there are no connections or relationships of the person assessed with PZU or the PZU Management Board that affect or at least could affect the objective and balanced assessment of PZU’s situation by a member of the PZU Supervisory Board when supervising PZU’s operations and thus would limit their ability to make decisions independently;
- 10) **Independent judgment** – a behavioral pattern required of all Supervisory Board Members to ensure that they are actively engaged in their duties, making their own reasonable, objective and independent decisions and opinions in carrying out their assigned duties as Supervisory Board Members; includes issues related to potential or an already existing conflict of interest, as well as the behavioral qualities and skills of the persons subject to the assessment, manifested in their behavior, such as courage, assertiveness, the ability to ask the right questions, to constructively question decisions, the ability to issue their own reasonable, objective and independent decisions and opinions, and to engage in constructive discussion;
- 11) **Suitability assessment** – an assessment that includes determining whether the person assessed or body meets the suitability requirement, in particular, whether it is adequately competent, whether it gives a guarantee of proper performance of assigned duties, whether it devotes an adequate amount of time to the performance of duties, and whether it meets the criterion of independent judgment;
- 12) **Person assessed** – a candidate for Supervisory Board Member, a candidate for Audit Committee Member, Supervisory Board Member, Audit Committee Member;
- 13) **Assessment body** – respectively:
  - a) Shareholder Meeting – with respect to Supervisory Board Members, except in the case specified in letter b,
  - b) State Treasury – in terms of assessing the individual suitability of a Supervisory Board Member

- prior to their appointment to the Supervisory Board, either for the first time or for the next term, on the basis of the statement referred to in § 20(7) of the Articles of Association,
- c) Supervisory Board – with respect to members of the Audit Committee;
- 14) **PZU** – Powszechny Zakład Ubezpieczeń Spółka Akcyjna with its registered office in Warsaw;
- 15) **Reputation** – maintaining professional (occupational) standards of ethics and integrity;
- 16) **Guarantee** – the quality of professionalism and impeccable character, understood as good repute, personal qualities, ethical standards, including past conduct, honesty and integrity of the person, and the ability to perform assigned duties in a prudent and stable manner;
- 17) **Training** – activities that improve the level of skills, knowledge or competence of the Supervisory Board Members either continuously or on a one-off basis;
- 18) **Act** – Act of 11 September 2015 on Insurance and Reinsurance Activity;
- 19) **Act on Statutory Auditors** – Act of 11 May 2017 on Statutory Auditors, Audit Firms and Public Supervision;
- 20) **Attachment** – a questionnaire constituting a component of the form, which is filled out by the person assessed in the process of conducting the suitability assessment, the template of which is published on the PZU website;
- 21) **Proportionality rule** – a principle, according to which the organization and functioning of the PZU Supervisory Board should be adapted to the specific nature of PZU’s business, including the nature of its operations (legal form and line of business), the scale of its operations (including the number of contracts concluded, the number of policyholders, the size of technical-insurance reserves or the premium written, the number of employees, PZU’s position in the financial sector) and the complexity of its operations (including the number and complexity of insurance products offered).

## Chapter 2 Types of suitability assessments

### § 3

#### Types of suitability assessments and the prerequisites for conducting them

1. The suitability assessment consists of the following:
  - 1) **the primary individual suitability assessment which is carried out:**
    - a) in connection with the appointment of a person as a member of the Supervisory Board,
    - b) in connection with the appointment of a member of the Supervisory Board to the Audit Committee, with regard to meeting the criteria for Audit Committee members,
    - c) before submitting an application for a change in the territorial scope or line of PZU’s business, in the situation of simultaneous changes in the composition of the Supervisory Board,
    - d) in connection with PZU’s acquisition of information on the filing of a notification of the intention to acquire a qualified (under Article 82 of the Act) equity stake in PZU or to become the parent company of PZU (in the case of planned simultaneous changes in the composition of the Supervisory Board);
  - 2) **the secondary individual suitability assessment which is carried out:**
    - a) periodically, at least once a year, and this assessment includes the evaluation of Audit Committee Members,
    - b) in the event of a significant change in PZU’s principles of corporate governance, affecting the content or assessment of compliance with the suitability assessment criteria,
    - c) in connection with the appointment of a given Supervisory Board Member in question to the next Supervisory Board term,
    - d) in the event of a change in statutory or regulatory requirements regarding the function of a member of the Supervisory Board or Audit Committee,
    - e) in the event that circumstances come to light that may affect the suitability assessment, in particular identified cases of potential conflict of interest, being charged in criminal proceedings or in proceedings for a crime against tax regulations or causing significant property damage or significant violations of the duties of the Supervisory Board Members, in particular in the area of reputation,
    - f) in the case of entrusting a given member of the Supervisory Board with additional competencies or taking on additional functions and positions outside the PZU, in which case an assessment is carried out only with regard to devoting adequate time and the existence of a conflict of interest,
    - g) in the event of the occurrence of regular or glaring cases of negative individual or collective secondary assessment of the Management Board Members, whereby, in such a case, only a guarantee of performance of assigned duties of the Supervisory Board Members is assessed in the context of either



- appointing or retaining such persons on the Management Board;
- 3) **the collective suitability assessment of the Supervisory Board, which is carried out:**
    - a) in connection with the appointment of the Supervisory Board for a new term, irrespective of whether the composition of the Supervisory Board has changed,
    - b) in connection with PZU's acquisition of notification of the intention to acquire a qualified (under Article 82 of the Act) equity stake in PZU or to become a parent company of PZU – in the event of planned simultaneous changes in the composition of the Supervisory Board,
    - c) in connection with the carrying out of any changes in the composition of the Supervisory Board, in particular, amounting to the appointment, dismissal, resignation or suspension of members,
    - d) in the event of a significant change in the PZU's business model, readiness to take risks or risk strategies, or a significant change in PZU's organizational structure, as referred to in § 2(2) of the PZU Articles of Association, or at the level of PZU's capital group, understood as the disposal or acquisition of supervised entities, within the meaning of the Act of 21 July 2006 on Financial Market Supervision,
    - e) in the event that circumstances come to light that may affect the Supervisory Board's collective suitability assessment,
    - f) in the event of a significant change in PZU's principles of corporate governance, affecting the content or assessment of compliance with the suitability assessment criteria,
    - g) in the event of a significant change in the suitability assessment of individual members of the Supervisory Board;
  - 4) **the collective suitability assessment of the Audit Committee which is carried out:**
    - a) in connection with the appointment and any change in the composition of the Audit Committee, in which case the suitability assessment shall be carried out on the subject of whether a sufficient number of Audit Committee members meet the independence criteria referred to in the Articles of Association and knowledge and skills in accounting or auditing and the insurance industry, including relevant education,
    - b) in the event of a significant change in the suitability assessment of individual Audit Committee members,
    - c) in the event that circumstances come to light that may affect the Audit Committee's collective suitability assessment.
2. In the event of the simultaneous occurrence of more than one indication resulting in the need for the suitability assessments referred to in paragraph 1, the suitability assessment with the broadest scope shall be made.
  3. If a secondary suitability assessment is caused by an event referred to in paragraph 1(2)(f) or (g), the assessment body shall focus on assessing the situation or event that triggered this suitability assessment, i.e. if certain aspects have not changed since the previous suitability assessment, they may not be included in the suitability assessment in question.
  4. The suitability assessment of candidates for members of the Supervisory Board, members of the Supervisory Board and the Supervisory Board shall be carried out immediately, no later than the date of the next Shareholder Meeting.
  5. Persons subject to the suitability assessment shall be obliged to notify the assessment body of any changes regarding the fulfillment of the suitability criteria referred to in the Rules.
  6. The individual suitability assessment of a Supervisory Board Member, prior to appointment on the basis of the statement referred to in § 20(7) of the Articles of Association of PZU SA, is made by the State Treasury. The provisions of the Rules with respect to the assessment referred to in the first sentence shall apply accordingly.

#### § 4

#### **Competencies in the suitability assessment process**

1. Shareholder Meeting:
  - 1) adopts the Rules and their amendments;
  - 2) conducts the following suitability assessments:
    - a) the individual suitability assessment of candidates for members of the Supervisory Board and members of the Supervisory Board on the basis of the report referred to in § 17(6),
    - b) the collective suitability assessment of the Supervisory Board on the basis of collective information on the results of the individual suitability assessment of persons appointed to the Supervisory Board, prepared by the Company in accordance with § 17(7).
2. Supervisory Board:

- 1) conducts individual suitability assessments of candidates for Audit Committee members, Audit Committee Members, and a collective assessment of the Audit Committee;
  - 2) approves the proposed individual suitability assessments of candidates for Supervisory Board Members, Supervisory Board Members, developed by the Nomination and Compensation Committee;
  - 3) cooperates with the KNF in implementing the Rules.
3. Nomination and Compensation Committee:
- 1) analyzes the documentation required to conduct the suitability assessment;
  - 2) proposes the primary individual suitability assessment of candidates for Audit Committee Members and Supervisory Board Members, the secondary individual suitability assessment of Audit Committee Members and Supervisory Board Members, and the collective suitability assessment of the Audit Committee, and submits them to the Supervisory Board;
  - 3) cooperates with the assessment body and the KNF in implementing the Rules.
4. The Management Board implements the Rules and cooperates with the KNF in their implementation.
5. BZA:
- 1) provides explanations and assistance to persons assessed in completing the forms and attachments;
  - 2) verifies the completeness of the forms and attachments;
  - 3) provides the necessary training for members of the Supervisory Board and Audit Committee;
  - 4) archives documents related to the implementation of the Rules;
  - 5) cooperates with the assessment body and the KNF in implementing the Rules;
  - 6) updates, in agreement with the BCM, the templates of the forms and attachments, publishes them on the PZU website and informs the Supervisory Board immediately of any change.
6. The BCM corresponds with the KNF on the implementation of the Rules, including providing the KNF with information on the current composition of the Supervisory Board and the results of the suitability assessment, after receiving information or documents from the BZA.

### **Chapter 3**

#### **The respective composition of the Supervisory Board and the Audit Committee**

##### § 5

#### **The personal composition of the Supervisory Board and Audit Committee**

1. The composition of the Supervisory Board and the Audit Committee is established in such a way that they can exercise professional supervision over PZU's business in accordance with their competencies, and provide effective support to the Management Board and act in a proper manner.
2. The Supervisory Board Members and the Audit Committee Members should have the knowledge, skills and professional experience that are necessary for the proper performance of the tasks belonging to the jurisdiction of the Supervisory Board or the Audit Committee, taking into account the requirements arising from generally applicable laws and the Articles of Association of PZU.
3. The Supervisory Board Members should give a guarantee of the proper performance of the tasks and duties entrusted to them, which refers in particular to reputation and the ability to perform the tasks and duties entrusted to them in a correct, prudent and stable manner.
4. In the recruitment process for the composition of the Supervisory Board, candidates should be put forward who, due to their integrity, ethics, willingness to work, independence and character traits, are able to duly fulfill the duties of a member of the Supervisory Board and care for the image of PZU in the public sphere.

### **Chapter 4**

#### **Suitability assessment criteria**

##### § 6

#### **Suitability assessment criteria – a catalog**

The primary or secondary individual suitability assessment involves the process of vetting candidates for the Supervisory Board and members of the Supervisory Board, based on the following criteria:

- 1) competence;
- 2) guarantee, including reputation and reliability;
- 3) independence of the Supervisory Board Member;
- 4) independent judgment, including no conflict of interest, and sufficient time dedication to the position of the Supervisory Board Member.

§ 7

**Competences**

1. A candidate for Supervisory Board Member as well as a Supervisory Board Member should have a relevant educational background, particularly in insurance, banking or finance, economics, law, accounting, auditing, management, mathematics, physics, computer science, administration, financial regulation, information technology and quantitative methods. It is important that the person being assessed has specific professional credentials, in particular the credentials of an actuary, auditor, investment advisor, legal counsel or attorney.
2. In the case of persons whose educational profile does not directly apply to the position they hold, the education of such persons should be supplemented with relevant postgraduate studies or specialized courses.
3. The relevant level of knowledge, skills and experience to effectively perform supervisory functions can be acquired in relevant academic or administrative positions, or through management, supervision or control of financial institutions or other enterprises, running a business, providing consulting services, employment – in any form – in managerial positions. In assessing the relevant level of knowledge, skills and experience of the candidate for member of the Supervisory Board and member of the Supervisory Board, the assessment body will take into account, in particular, the candidate's theoretical and practical experience in the field of:
  - 1) functioning of insurance and other financial markets,
  - 2) legal requirements and regulatory framework of operation of the PZU;
  - 3) strategic planning, understanding business strategy and its implementation;
  - 4) financial and actuarial analysis,
  - 5) risk management
  - 6) financial reporting and auditing;
  - 7) assessing the effectiveness of the institution's rules to ensure effective management, supervision and control;
  - 8) interpretation of PZU's financial information, identification of key issues based on this information, and relevant controls and measures;
  - 9) knowledge of the Polish language, due to its relevance to the performance of duties in an efficient and independent manner, including, in particular, independent familiarization with information that may have a significant impact on the functioning of the PZU.
4. In assessing the relevant level of knowledge, skills and experience of a candidate for Supervisory Board member and member of the Supervisory Board, the assessment body also takes into account soft skills, including behavioral skills such as authenticity, language, decisiveness, communication, judgment, quality orientation, leadership skills, loyalty, external awareness, negotiation skills, persuasion, teamwork, strategic skills, stress resistance, sense of responsibility and chairing meetings.
5. The prerequisites referred to in paragraphs 1-4 are subject to cumulative evaluation, i.e. all prerequisites for assessment are interrelated and must be considered together.

§ 8

**Guarantee**

1. The guarantee includes the totality of the characteristics, predispositions, events and circumstances of the person assessed that make up their credibility. The examination of this criterion makes it possible to formulate a prognosis regarding the future behavior of the person assessed in the context of their performance of their functions in such a way as to ensure that PZU's business is conducted in accordance with the law, good practices and professional ethics.
2. In particular, the criterion of guarantee assesses the good repute and whether the past behavior of the person assessed leads to the expectation that they will perform the assigned duties with honesty and integrity, and takes into account any cases of prohibition from holding managerial positions in companies, bankruptcy, reorganization and liquidation proceedings, granted or not granted discharges, applied supervisory measures or other administrative sanctions, in case of failure to fulfill the assigned duties of managing affairs.
3. A candidate for Supervisory Board Member or a Supervisory Board Member shall be considered to be of good name and repute, if there are no objective and demonstrable grounds indicating otherwise.
4. In examining the premise of the guarantee of the proper performance of duties, consideration shall be given, at a minimum, to factors arising from the submitted forms and attachments, in particular, such criteria as:
  - 1) criminal record;
  - 2) reputation (including other applicable sanctions and measures, and good repute);

- 3) the financial situation of the person being assessed (affecting their susceptibility to possible pressures or increasing his willingness to accept excessive risks);
- 4) Independent judgment, including behavioral characteristics and conflict of interest.
5. When assessing good name and repute, the following may be taken into account:
  - 1) relevant criminal and administrative records, taking into account the type of conviction or charges, the role the person played, the penalty imposed, the stage reached in the judicial process and the corrective actions taken, as the accompanying circumstances, including mitigating factors, the seriousness of the crime in question, administrative or supervisory actions, the time that has elapsed since the crime was committed, the behavior of the person assessed since the crime was committed or the action taken, and the relationship of the crime or action to the function performed by the person assessed;
  - 2) evidence indicating that the person assessed has not acted transparently and openly, or has not cooperated in dealings with the KNF, the auditor or the judicial authorities;
  - 3) the denial, revocation, withdrawal or cancellation of a registration, permit, membership or license to conduct commercial, business or professional activities;
  - 4) grounds for terminating the employment relationship or a similar legal relationship (employment relationship), as well as the employer's demand for resignation from such a position;
  - 5) exclusion by the relevant corporate body from acting as a Supervisory Board Member;
  - 6) other evidence supporting the idea that a person is acting in a manner inconsistent with professional (occupational) standards of behavior.
6. As part of the reputation assessment of the person assessed, the current and past financial situation of the person assessed is also taken into account due to its potential impact on the reputation, the honesty and integrity of the person and the ability to conduct the affairs of the PZU, taking into account in particular:
  - 1) the declaration of bankruptcy of an entity in which the person assessed serves or has served on the management board or supervisory board, or the dismissal of a bankruptcy petition on the grounds that the debtor's assets were insufficient to cover the costs of the proceedings, and whether and how the person assessed contributed to the situation that led to the initiation of the proceedings;
  - 2) the declaration of bankruptcy against the person assessed, including consumer bankruptcy or dismissal of the bankruptcy petition on the grounds that the debtor's assets were insufficient to cover the costs of the proceedings);
  - 3) if the person assessed is listed in debtor registers;
  - 4) if the person assessed acts as a party in legal proceedings, the outcome of which had a negative impact on the financial situation of the person assessed.
7. As part of the assessment of the performance of assigned duties by the Supervisory Board Members, particular consideration is given to:
  - 1) shaping and monitoring the composition of the Management Board in a manner that takes into account the requirements of individual and collective suitability, as well as the need to ensure smooth succession and continuity of the Management Board;
  - 2) implementation of duties under the provisions of the Commercial Company Code, including the election of Management Board Members;
  - 3) assessment of the financial statements (including the balance sheet and income statement) for the past fiscal year, both as to their compliance with the books and documents and the facts;
  - 4) assessment of the Management Board's report on the company's activities and the Management Board's proposals on the distribution of profit or coverage of losses;
  - 5) suspension in the performance of duties – for valid reasons – of individual or all members of the Management Board and taking action to supplement the composition of the Management Board;
  - 6) delegating members of the Supervisory Board to temporarily (up to 3 months) perform the duties of the Management Board Members who are unable to perform their duties;
  - 7) convening the Shareholder Meeting (in cases indicated in particular in Article 399 § 2 of the CCC);
  - 8) supervising and monitoring the performance of the management system;
  - 9) supervising the risk management system;
  - 10) overseeing and reviewing the actions taken by the Management Board in connection with the results and recommendations of the internal audit;
  - 11) supervising the operation of the areas of information technology and security of the information and communications environment;
  - 12) supervising the insurance product development process;
  - 13) approval of the solvency and financial condition report;

- 14) selecting an audit firm to conduct a statutory audit, provided that the Supervisory Board is the selecting body referred to in Article 130(2) of the Act on Statutory Auditors.
8. As part of the assessment of the fulfillment of assigned duties by the Audit Committee Members, particular consideration is given to the fulfillment of duties under the provisions of the Act on Statutory Auditors, including:
- 1) monitoring: the financial reporting process; the effectiveness of internal control and risk management systems and internal audit, including with regard to financial reporting; the performance of auditing activities, in particular the audit firm's performance of the audit, taking into account any conclusions and findings of the Polish Audit Supervision Agency arising from the audit conducted at the audit firm;
  - 2) controlling and monitoring the independence of the auditor and the audit firm, particularly when services other than auditing are provided to PZU by the audit firm;
  - 3) informing the Supervisory Board of the results of the audit and explaining how the audit has contributed to the reliability of the financial reporting in PZU and the role of the Audit Committee in the audit process;
  - 4) assessing the auditor's independence and giving consent to the auditor's provision of permitted non-audit services at PZU;
  - 5) developing a policy for the selection of an audit firm to perform the audit;
  - 6) developing a policy for the provision of permitted services by the audit firm performing the audit, by related parties thereof, and by a member of the audit firm of permitted non-audit services;
  - 7) defining a procedure for the selection of an audit firm by PZU;
  - 8) making recommendations to the Supervisory Board on the possibility of entrusting the audit to two audit firms, including the designation, with due justification, of one of them as preferred, who is proposed to be entrusted with the statutory audit;
  - 9) submitting recommendations aimed at ensuring the reliability of the financial reporting process in PZU.

#### § 9

##### **Independence of the Supervisory Board Member**

The Shareholder Meeting, in selecting the composition of the Supervisory Board, shall ensure an appropriate number of independent members, taking into account the requirements under the proportionality rule and the independence requirements set forth in the PZU Articles of Association.

#### § 10

##### **Independent judgment and sufficient time dedication to the position of the Supervisory Board Member**

1. A candidate for Supervisory Board Member and member of the Supervisory Board is obliged to actively engage in their duties and formulate their own correct, reasonable, objective and independent decisions and opinions in the performance of their functions and duties, and, if necessary, constructively criticize the decisions made by the Management Board.
2. When examining independent judgment, the past and present behavior of the Supervisory Board Member is taken into account and it is verified whether the Supervisory Board Member:
  - 1) has the necessary behavioral skills, including:
    - a) courage, conviction and strength to effectively evaluate and challenge decisions, opinions and positions proposed by other Supervisory Board Members,
    - b) the ability to ask the right questions of the Management Board Members,
    - c) are able to oppose "groupthink;"
  - 2) does not come into conflict of interest;
  - 3) complies with the restrictions under the relevant provisions of generally applicable law on the number of concurrently held positions as a member of the Management Board and the Supervisory Board.
3. In assessing the existence of conflicts of interest, the conflict of interest procedure applicable to the Supervisory Board is taken into account.
4. A member of the Supervisory Board should devote sufficient time to the performance of their duties, including understanding PZU's operations, its main risks and consequences arising from its operations, and its risk strategy, including being able to fulfill their duties during periods of particularly intense activity.
5. In the secondary assessment of a Supervisory Board Member concerning the dedication of sufficient time, preparation for meetings and member participation in meetings of the Supervisory Board and its committees are taken into account.

#### **Chapter 5**

##### **Conducting the suitability assessment**

§ 11

**The scope of the primary individual suitability assessment**

1. When conducting an individual assessment of a candidate for Supervisory Board Member or Audit Committee Member, the candidate's qualities and competence relevant to ensuring the proper performance of tasks by the Supervisory Board or the Audit Committee shall be taken into account, as well as the adequacy of the candidate's knowledge, skills and experience, to the function performed, and the guarantee of proper performance of the function.
2. Individual assessment includes:
  - 1) the qualifications necessary to perform supervisory functions;
  - 2) behavior of the person assessed affecting the reputation of the PZU.

§ 12

**The formal requirements of the primary individual suitability assessment**

1. A candidate for Supervisory Board Member or Audit Committee Member shall submit to the BZA, in time for formal verification:
  - 1) a completed form for individual primary assessment of a candidate for Supervisory Board Member, in accordance with the form attached as Appendix 1 to the Rules, together with Appendices 1.1-1.10 to this form;
  - 2) a completed individual assessment form for an Audit Committee member, in accordance with the template attached as Appendix 2 to the Rules;
  - 3) documents supporting the information contained in the forms and attachments.
2. The BZA verifies the completeness of the forms and attachments. If any irregularities are found, the BZA shall immediately contact the applicant, calling on them to immediately make relevant changes or additions to the contents of the forms and attachments.
3. In the case of the first appointment to the Supervisory Board, the shareholder proposing the candidate or the candidate for a Supervisory Board Member shall submit to the BZA the Consent to candidacy, the form of which is attached as Appendix 1.10 to the form, as well as the information and documents necessary to conduct the suitability assessment of such candidate.
4. The BZA forwards the fully completed forms and attachments regarding the person assessed to the Nomination and Compensation Committee.
5. The BZA, at any request of a candidate for Supervisory Board Member or the Audit Committee Member, shall provide explanations and assistance in completing the form or attachments.

§ 13

**The scope of secondary individual suitability assessment**

1. When conducting the secondary suitability assessment of the person assessed, the qualities and competence of the Supervisory Board Member relevant to ensuring the proper performance of the tasks of the Supervisory Board or the Audit Committee are taken into account, as well as the adequacy of their knowledge, skills and experience for the function they perform, and the guarantee of the proper performance of the function.
2. The secondary suitability assessment includes determining whether the person assessed has the necessary qualifications to serve on the Supervisory Board or Audit Committee, as well as determining whether the behavior of the person assessed affects the reputation of PZU.
3. The secondary individual suitability assessment referred to in § 3(1)(2)(a), includes those Supervisory Board Members who are in office as of the date of the assessment by the Shareholder Meeting, and in the case of the Audit Committee Members, as of the date of the assessment by the Supervisory Board.
4. The secondary individual suitability assessment takes into account, in particular, changes in qualifications and other data, occurring in relation to the previously assessed periods.

§ 14

**The formal requirements of the secondary individual suitability assessment**

1. The Supervisory Board Member forwards to the BZA for formal verification:
  - 1) a completed secondary individual suitability assessment form for a Supervisory Board Member, in accordance with the model attached as Appendix 3 to the Rules;
  - 2) documents supporting the information contained in the form and attachments, or
  - 3) a statement that the documents, statements and information submitted as part of the previous

suitability assessment have not changed.

2. A Audit Committee Member shall forward to the BZA, for formal verification:
  - 1) a completed individual assessment form for an Audit Committee Member, in accordance with the template attached as Appendix 2 to the Rules, or
  - 2) a statement that the documents, statements and information submitted as part of the previous suitability assessment have not changed.
3. For the purposes of the suitability assessment referred to in § 3(1)(2)(a), the forms, documents or statements referred to in paragraphs 1 and 2 shall be submitted by the person assessed, through the BZA, to the Nomination and Compensation Committee by March 31 of each year.
4. The BZA verifies the completeness of the forms and attachments. In the event of any irregularities, the BZA shall immediately contact the person assessed, requesting that appropriate changes or additions be made immediately.
5. The BZA forwards the fully completed forms and attachments regarding the person assessed to the Nomination and Compensation Committee.
6. The BZA, at any request of the person assessed, shall promptly provide clarification and assistance in completing the form or attachments.

#### § 15

##### **The scope of collective suitability assessment**

1. The collective suitability assessment is intended to ensure that the Supervisory Board as a whole has, throughout its term of office, an adequate level of knowledge, skills and experience to understand PZU's activities, including the main risks, and in particular that the Supervisory Board:
  - 1) had, as a whole, relevant qualifications, experience and knowledge of at least: insurance and financial markets, strategy and business model, management system, financial and actuarial analysis, legal framework and requirements for the operation of PZU, corporate governance applicable to PZU;
  - 2) had, as a whole, adequate competence to assess PZU's operations in order to be able to properly assess the composition of the Management Board, including candidates for Management Board Members;
  - 3) was able to make adequate supervisory decisions regarding the business model, readiness to take risks, strategy and markets in which PZU operates;
  - 4) had the relevant knowledge required for the activities of the insurance sector and other sectors within the financial market among the members of the Supervisory Board to discuss decisions made, and that the composition of the Supervisory Board allowed the Audit Committee to be selected from among its members;
  - 5) had the skills to monitor and, if necessary, challenge the operations of the Management Board.
2. The template of the form for the collective suitability assessment of the Supervisory Board is attached as Appendix 4 to the Rules.
3. The collective suitability assessment of the Audit Committee is designed to verify that the Audit Committee as a whole has an adequate level of knowledge, skills and experience throughout its functions. The template of the form for collective suitability assessment is attached as Appendix 5 to the Rules.
4. The forms referred to in paragraphs 2 and 3 are filled out on the basis of information provided in accordance with § 12(1) and § 14(1) and (2).

#### § 16

##### **The processing of personal data by PZU**

The personal data of the person assessed is processed on the basis of the legitimate interest of the PZU (Data Controller) or on the basis of a legal provision for the purposes indicated in the Data Controller's Information for Candidates and Members of PZU Bodies, attached to the Consent to candidacy referred to in § 12(3).

#### § 17

##### **Suitability assessment**

1. The assessment of suitability is carried out on the basis of the documents provided by the person assessed, the statements and information submitted, taking into account the requirements of generally applicable provisions of law, the Articles of Association, the Rules and the methodology to the extent described in the Rules.
2. The Nomination and Compensation Committee proposes the individual suitability assessment of the Audit Committee and Supervisory Board Candidate, the Audit Committee Member and Supervisory Board Member,

and the collective suitability assessment of the Audit Committee, and submits these proposals to the Supervisory Board together with the forms and attachments.

3. Supervisory Board, in the form of a resolution:
  - 1) carries out the suitability assessment of a candidate for Audit Committee Member, Audit Committee Member, and collective suitability assessment of the Audit Committee;
  - 2) approves the proposal for suitability assessment of the candidate for Supervisory Board Member and Supervisory Board Member submitted by the Nomination and Compensation Committee, in accordance with paragraph 2.
4. In the case of individual suitability assessment, the member of the Supervisory Board or the Audit Committee affected by the assessment shall not participate in the decisions referred to in paragraphs 2 and 3.
5. The Chairman of the Nomination and Compensation Committee or a member of the Nomination and Compensation Committee authorized by the Chairman shall sign the forms and attachments, regarding the assessments referred to in paragraph 3(1). The Chairman of the Supervisory Board or a Supervisory Board Member authorized by the Chairman shall sign the forms and attachments, concerning the assessments referred to in paragraph 3(2).
6. The Supervisory Board shall present to the Shareholder Meeting, in the form of a report, the proposals of the suitability assessment referred to in paragraph 3(2).
7. In the case of collective suitability assessment of the Supervisory Board, the Company shall provide the Shareholder Meeting with Appendix 4 to the Rules containing information on the results of the Shareholder Meeting's individual suitability assessment of persons appointed to the Supervisory Board in accordance with § 4(1)(2)(a).

#### § 18

##### **Suitability assessment results**

1. The suitability assessment result may be:
  - 1) positive;
  - 2) positive with recommendation;
  - 3) negative.
2. The appointment of a candidate to the Supervisory Board by the Shareholder Meeting is understood to be a positive assessment by the Shareholder Meeting.
3. If the suitability assessment is positive with recommendation, some remedies will be indicated to be implemented by the Member within a specified time. Relevant remedies may include, in particular: taking actions to minimize conflict of interest, organizing training for individual members or organizing training for the entire Supervisory Board or Audit Committee, in order to ensure appropriate individual and collective suitability of the Supervisory Board or Audit Committee.
4. In the event of a negative primary individual suitability assessment prior to appointment to the Supervisory Board, with respect to the guarantee, the candidate for Supervisory Board Member will not be appointed to the Supervisory Board.
5. If, as a result of the suitability assessment, easy-to-fill gaps in the level of knowledge, skills or experience of the Supervisory Board members are identified, PZU will take appropriate measures to close these gaps within the specified time frame.
6. The identified deficiencies regarding the guarantee are not subject to supplementation.
7. If the individual suitability assessment of a Supervisory Board Member or Audit Committee Member is negative, the Shareholder Meeting or Supervisory Board, respectively, shall take the necessary actions to ensure individual suitability, in particular, it may issue recommendations on training for some or all Supervisory Board Members or Audit Committee Members, or remove a given Member from the Supervisory Board or the Audit Committee.
8. In the event of a negative collective suitability assessment of the Supervisory Board or the Audit Committee, the Shareholder Meeting or the Supervisory Board, respectively, shall take the necessary actions to ensure the suitability of these bodies, in particular, it may give recommendations including training, changing procedures, taking measures to minimize the conflict of interest, appointing additional members with specific competence, as well as making changes to the Supervisory Board or the Audit Committee.

#### § 19

##### **Archiving the suitability assessment**

1. The BZA archives the forms, attachments and documents supporting the information contained in the form and



attachments and the suitability assessment results. Archiving shall cover a period of at least 5 years, which is calculated from the date of termination of service as the Supervisory Board Member.

2. The BZA shall immediately – upon any request – make the documents referred to in paragraph 1 available to the Supervisory Board, the Nomination and Compensation Committee or the Audit Committee.

## § 20

### **KNF notice**

1. In the cases specified in the Methodology, PZU shall submit the results of the suitability assessment to the KNF.
2. At the request of the KNF, PZU shall promptly provide, in accordance with the scope of the KNF's request, additional information necessary for the individual suitability assessment of Supervisory Board Members; and the collective suitability assessment of the Supervisory Board, including in particular forms and attachments.

### **Attachments:**

#### **Appendix 1: Form for individual primary assessment of a candidate for Supervisory Board Member**

Appendix 1.1 – Education;

Appendix 1.2 – Curriculum Vitae;

Appendix 1.3 – CV item;

Appendix 1.4 – Competence;

Appendix 1.5 – No criminal record;

Appendix 1.6 – Guarantee;

Appendix 1.7 – Financial situation and conflict of interest;

Appendix 1.8 – Combining functions;

Appendix 1.9 – Time commitment;

Appendix 1.10 – Consent to candidacy.

#### **Appendix 2: Form for individual assessment for an Audit Committee Member**

#### **Appendix 3: Form for individual secondary assessment of a Supervisory Board Member**

Appendix 3.1 – Education;

Appendix 3.2 – Competence;

Appendix 3.3 – No criminal record;

Appendix 3.4 – Guarantee;

Appendix 3.5 – Financial situation and conflict of interest;

Appendix 3.6 – Combining functions;

Appendix 3.7 – Time commitment.

#### **Appendix 4: Form for collective suitability assessment of the Supervisory Board**

#### **Appendix 5: Form for collective suitability assessment of the Audit Committee**

**Original individual assessment form – Supervisory Board**

**SECTION 1 – to be completed by the candidate**

**1. Candidate information**

|    |                 |  |
|----|-----------------|--|
| 1. | First name:     |  |
| 2. | Last name:      |  |
| 3. | Place of birth: |  |
| 4. | Date of birth:  |  |
| 5. | Citizenship:    |  |

- I have the full capacity to execute legal acts.
- I consent to take the position specified in part II of this form.
- I have reviewed the data controller's information for candidates and members of PZU SA's corporate bodies

Date and signature of the candidate:

|  |  |
|--|--|
|  |  |
|--|--|

| <b>SECTION 2 – To be completed by the entity conducting the assessment</b>  |   |
|---|---|
| <b>6. Information on the target position</b>  |   |
| 1. Name / business name of the entity:  |   |
| 2. Corporate body and position:   | Supervisory Board, Supervisory Board member   |
| 3. Scope of liability:  |   |
| <b>4. Assessment summary</b>  |   |
| 1. Competences – knowledge and experience:<br><br>Attachment 1.1<br>Attachment 1.2<br>Attachment 1.3<br><br>Comments: | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable<br><br><input type="checkbox"/> – education<br><input type="checkbox"/> – CV<br><input type="checkbox"/> – description of an item in the CV (.... counterparts) |
| 2. Competences – skills:<br><br>Attachment 1.4<br><br>Comments:   | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable<br><br><input type="checkbox"/> – skills assessment   |
| 3. Competences – Polish language:<br><br>Comments:  | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable   |
| 4. Assurance – good conduct:<br><br>Attachment 1.5<br><br>Comments:   | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable<br><br><input type="checkbox"/> – good conduct  |
| 5. Assurance – reputation:  | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable   |

|  |   |
|--|---|
| <p>Attachment 1.6</p> <p>Comments:</p>   | <p><input type="checkbox"/> – candidate's declarations</p>  |
| <p>6. Assurance – independent view – conflict of interest and financial standing:</p> <p>Attachment 1.7</p> <p>Comments:</p> | <p><input type="checkbox"/> satisfied      <input type="checkbox"/> not satisfied      <input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> – candidate's declarations</p>               |
| <p>7. Assurance – independent view – behavioral attributes:</p> <p>Comments:</p>   | <p><input type="checkbox"/> satisfied      <input type="checkbox"/> not satisfied      <input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> – assessment of independent view</p>         |
| <p>8. Combination of positions:</p> <p>Attachment 1.8</p> <p>Comments:</p>   | <p><input type="checkbox"/> satisfied      <input type="checkbox"/> not satisfied      <input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> – assessment of combination of positions</p> |
| <p>9. Time commitment:</p> <p>Attachment 1.9</p> <p>Comments:</p>  | <p><input type="checkbox"/> satisfied      <input type="checkbox"/> not satisfied      <input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> – assessment of time commitment</p>          |

| <b>10. Recommended actions</b>   |  |
|--|--|
| 1. Further to the assessment regarding the appointment of the candidate to the position, the following is recommended:                                 | <input type="checkbox"/> appoint the candidate to the specified position<br><input type="checkbox"/> refrain from appointing the candidate until the actions specified in item 2 are taken<br><input type="checkbox"/> withdraw from appointing the candidate to the position  |
| 2. In respect of the identified deviations from the requirements or the candidate’s other weaknesses – the following remedial actions are recommended: | <input type="checkbox"/> in terms of the candidate’s education and skills – candidate may be directed to take additional courses / training sessions:<br><br><input type="checkbox"/> in terms of time commitment – implement solutions to make it possible for the candidate to ramp up his/her involvement<br><br><input type="checkbox"/> in terms of time commitment – implement solutions to reduce the scope of required involvement:<br><br><input type="checkbox"/> in terms of the number of positions held – candidate’s resignation from functions held concurrently:<br>.....<br><input type="checkbox"/> in terms of a conflict of interest – eliminate the identified conflict of interest or introduce solutions to manage the conflict of interest:<br>.....<br><input type="checkbox"/> other:<br>..... |
| Date and signature of the entity’s authorized representative:  |  |

**Attachment 1.1 to the primary individual suitability evaluation form – Supervisory Board  
EDUCATION OF THE CANDIDATE**

**SECTION 1 – to be completed by the candidate**

| <b>I. Secondary schools completed<sup>1</sup></b> |                |                   |                    |  |
|---|----------------|-------------------|--------------------|--|
| No.   | Name of school | Education profile | Year of graduation | Attachment – diploma                       |
| 1   |                |                   |                    | <input type="checkbox"/> (attachment no. ) |

| <b>II. Higher education completed</b> |                                 |  |                      |  |
|---------------------------------------|---------------------------------|--|----------------------|--|
| 1                                     | Name of university/college:     |  | Title obtained:      |  |
|                                       | Department/organizational unit: |  | Mode:                | <input type="checkbox"/> full-time <input type="checkbox"/> part-time (formerly: evening/extramural) |
|                                       | Specialization:                 |  | Degree:              | <input type="checkbox"/> 1st (bachelor/engineer) <input type="checkbox"/> 2nd (master)               |
|                                       | Additional information:         |  | Year of graduation   |  |
|                                       |                                 |  | Attachment – diploma | <input type="checkbox"/> (attachment no. )   |

| <b>III. Doctoral studies completed, academic titles and degrees</b> |                             |  |  |  |
|---|-----------------------------|--|--|--|
| 1   | Name of university/college: |  | Title obtained or academic degree:                   |  |
|   | Field/discipline:           |  | Year of graduation or of obtaining the title/degree: |  |

<sup>1</sup> This item must be completed only for candidates without higher education.

Attachment 1.1 – Education

|  |                         |  |                      |  |
|--|-------------------------|--|----------------------|--|
|  | Additional information: |  | Attachment – diploma | <input type="checkbox"/> (attachment no. ) |
|--|-------------------------|--|----------------------|--|

**IV. Postgraduate studies completed, professional traineeships, certifications and other forms of supplementary education**

|   |  |  |                       |  |
|---|--|--|-----------------------|--|
| 1 | Name of the institution organizing the training: |  | Subject:              |  |
|   | Title/qualifications obtained:                   |  | Year of graduation:   |  |
|   | Additional information:                          |  | Attachment – diploma: | <input type="checkbox"/> (attachment no. ) |

**V. Specialist training completed**

|   |  |  |                       |  |
|---|--|--|-----------------------|--|
| 1 | Name of the institution organizing the training: |  |                       |  |
|   | Subject:   |  | Year of graduation:   |  |
|   | Additional information:                          |  | Attachment – diploma: | <input type="checkbox"/> (attachment no. ) |

**VI. Special professional qualifications held**

| No. | Type of qualifications | Entry no. | Year of obtaining | Attachment – certificate                   |
|-----|------------------------|-----------|-------------------|--|
| 1   |                        |           |                   | <input type="checkbox"/> (attachment no. ) |

|                                      |  |
|--------------------------------------|--|
| Date and signature of the candidate: |  |
|--------------------------------------|--|





| SECTION 2 – To be completed by the evaluator                  |  |   |   |
|---|--|---|---|
| VII. Educational requirements and evaluation                  |  |   |   |
| No.   | Requirement                                    | Requirement status  | Evaluation <sup>2</sup>   |
| 1   | Higher education <sup>3</sup> :                | <input type="checkbox"/> required by law<br><input type="checkbox"/> required by the suitability policy<br><input type="checkbox"/> expected by the suitability policy<br><input type="checkbox"/> not required | <input type="checkbox"/> fulfilled<br><input type="checkbox"/> not fulfilled<br><input type="checkbox"/> waived due to: |
| 2   | Specialized education (specify) <sup>4</sup> : | <input type="checkbox"/> required by law<br><input type="checkbox"/> required by the suitability policy<br><input type="checkbox"/> expected by the suitability policy<br><input type="checkbox"/> not required | <input type="checkbox"/> fulfilled<br><input type="checkbox"/> not fulfilled<br><input type="checkbox"/> waived due to: |
|   |  |   |   |
| 3   | Other:   | <input type="checkbox"/> required by law<br><input type="checkbox"/> required by the suitability policy<br><input type="checkbox"/> expected by the suitability policy<br><input type="checkbox"/> not required | <input type="checkbox"/> fulfilled<br><input type="checkbox"/> not fulfilled<br><input type="checkbox"/> waived due to: |
|   |  |   |   |
| Date and signature of the entity's authorized representative: |  |   |   |

<sup>2</sup> To be completed if in the field "requirement status" an option other than "not required" has been selected.

<sup>3</sup> Select the option resulting from the suitability policy adopted by the entity, bearing in mind that, as a rule, members of corporate bodies in regulated entities are expected to have higher education.

<sup>4</sup> Insurance sector – education should be commensurate with the tasks to be performed and the scope of responsibility.

**Attachment 1.2 to the primary individual suitability evaluation form – Supervisory Board  
CANDIDATE’S CV**

**SECTION 1 – to be completed by the candidate**

| I. CV |                                     |                        |                               |                |            |  |   |  |
|-------|-------------------------------------|------------------------|-------------------------------|----------------|------------|--|---|--|
| No.   | Period of employment <sup>1</sup> : |                        | Length of work <sup>2</sup> : | Place of work: | Job title: | Sector:  | Type of job <sup>3</sup> :  | Attachments <sup>4</sup> :   |
| 1     | From:                               | ____-____-____<br>____ |                               |                |            | <input type="checkbox"/> banking<br><input type="checkbox"/> insurance<br><input type="checkbox"/> pension<br><input type="checkbox"/> capital<br><input type="checkbox"/> other financial<br><input type="checkbox"/> non-financial | <input type="checkbox"/> supervisory<br><input type="checkbox"/> executive<br><input type="checkbox"/> managerial<br><input type="checkbox"/> academic/administrative<br><input type="checkbox"/> other | <input type="checkbox"/> form 1.3-____<br><input type="checkbox"/> certificate of employment/hiring<br><input type="checkbox"/> references |
|       | To:                                 | ____-____-____<br>____ |                               |                |            |  |   |  |

<sup>1</sup> Start and end dates of employment in year-month-day format.

<sup>2</sup> Length of work expressed in full months.

<sup>3</sup> Select:

- supervisory – for a supervisory function (e.g. supervisory board or non-executive director function in a one-tier system);
- executive – for an executive function (e.g. management board or executive director function in a one-tier system);
- managerial – in the case of a position directly subordinate to the management board, with a separate scope of powers and associated with actually managing employees;
- academic/administrative – for non-supervisory functions that offer useful experience in overseeing the activities of a financial institution;
- other – for other jobs.

<sup>4</sup> A separate, sequentially numbered Attachment 1.3 should be completed and attached for each job; if possible, also attach documents confirming professional experience – a certificate of employment or references.

|                                      |  |
|--------------------------------------|--|
| Date and signature of the candidate: |  |
|--------------------------------------|--|

| <b>SECTION 2 – To be completed by the evaluator</b> |   |       |  |   |
|---|---|-------|--|---|
| <b>II. Requirements in terms of work experience</b> |   |       |  |   |
| No.   | Requirement   | Value | Minimum expected by the suitability policy | Evaluation <sup>5</sup>   |
| 1   | Length of work <sup>6</sup> :                         |       |  | <input type="checkbox"/> fulfilled<br><input type="checkbox"/> not fulfilled<br><input type="checkbox"/> waived due to: |
| 2   | Length of work in the financial sector <sup>7</sup> : |       |  | <input type="checkbox"/> fulfilled<br><input type="checkbox"/> not fulfilled<br><input type="checkbox"/> waived due to: |
| 3   | Length of work in the sector <sup>8</sup> :           |       |  | <input type="checkbox"/> fulfilled<br><input type="checkbox"/> not fulfilled<br><input type="checkbox"/> waived due to: |

<sup>5</sup> Complete if a value other than “not applicable” has been entered in the field “minimum expected by the suitability policy”.

<sup>6</sup> The length of work for all jobs listed in part I should be totaled.

<sup>7</sup> The length of work in part I should be totaled for those jobs for which an answer other than “non-financial” has been selected in the “sector” field.

<sup>8</sup> Indicate the sector of business of the regulated entity and then provide the total length of work for those jobs listed in part I for which the same answer has been selected in the “sector” field.

|   |  |  |  |   |
|---|--|--|--|---|
| 4 | Experience in managerial jobs <sup>9</sup> :   |  |  | <input type="checkbox"/> fulfilled<br><input type="checkbox"/> not fulfilled<br><input type="checkbox"/> waived due to: |
| 5 | Experience in managerial jobs in the financial sector <sup>10</sup> :  |  |  | <input type="checkbox"/> fulfilled<br><input type="checkbox"/> not fulfilled<br><input type="checkbox"/> waived due to: |
| 6 | Experience in managerial jobs in the sector <sup>11</sup> :  |  |  | <input type="checkbox"/> fulfilled<br><input type="checkbox"/> not fulfilled<br><input type="checkbox"/> waived due to: |
| 7 | Experience in the area of risk management <sup>12</sup> :  |  |  | <input type="checkbox"/> fulfilled<br><input type="checkbox"/> not fulfilled<br><input type="checkbox"/> waived due to: |
| 8 | Experience in academic or administrative jobs or jobs related to overseeing financial institutions or other companies: |  |  | <input type="checkbox"/> fulfilled<br><input type="checkbox"/> not fulfilled<br><input type="checkbox"/> waived due to: |

<sup>9</sup> Provide the total length of work for all jobs listed in part I for which an answer “executive” or “managerial” has been selected in the “type of job” field (unless the regulated entity has assessed in the pertinent Attachment 1.3 that the job may not be considered managerial).

<sup>10</sup> Provide the total length of work for all jobs listed in part I for which an answer other than “non-financial” has been selected in the “sector” field and at the same time an answer “executive” or “managerial” has been selected in the “type of job” field (unless the regulated entity has assessed in the pertinent Attachment 1.3 that the job may not be considered managerial).

<sup>11</sup> Indicate the sector of business of the regulated entity and then provide the total length of work for all jobs listed in part I for which the same answer has been selected in the “sector” field and at the same time an answer “executive” or “managerial” has been selected in the “type of job” field (unless the regulated entity has assessed in the pertinent Attachment 1.3 that the job may not be considered managerial).

<sup>12</sup> Indicate the sector of business of the regulated entity and then provide the total length of work for all jobs listed in part I associated with risk management.

|   |  |
|---|--|
| Date and signature of the entity's authorized representative: |  |
|---|--|

**Attachment 1.3-\_\_<sup>1</sup> to the primary individual suitability evaluation form – Supervisory Board  
JOB DESCRIPTION**

| <b>SECTION 1 – to be completed by the candidate</b>                           |   |  |  |
|---|---|--|--|
| <b>I. Information on the position</b>   |   |  |  |
| 1. Place of work:<br>(name and registered office of the employer/client)      |   |  |  |
| 2. Job title/name of function:  |   |  |  |
| 3. Period of employment:  | From:   |  |  |
|   | To:   |  |  |
| 4. Form/basis of employment:  | <input type="checkbox"/> employment contract<br><input type="checkbox"/> civil-law contract<br><input type="checkbox"/> other (specify):  |  |  |
| 5. Type of job <sup>2</sup> :   | <input type="checkbox"/> supervisory<br><input type="checkbox"/> executive<br><input type="checkbox"/> managerial<br><input type="checkbox"/> academic/administrative<br><input type="checkbox"/> other |  |  |
| 6. Sector:  | <input type="checkbox"/> banking<br><input type="checkbox"/> insurance<br><input type="checkbox"/> pension  |  | <input type="checkbox"/> capital<br><input type="checkbox"/> other financial<br><input type="checkbox"/> non-financial |
| 7. Responsibilities:  |   |  |  |
| 8. Reporting to:  |   |  |  |
| 9. Subordinate organizational units (list and indicate the line of business): |   |  |  |
| 10. Number of subordinate employees <sup>3</sup> :                            | Directly:   |  | Indirectly:  |
| 11. Reason for termination:   |   |  |  |

<sup>1</sup> Item number in Attachment 1.2 – CV

<sup>2</sup> Select:

- supervisory – for a supervisory function (e.g. supervisory board or non-executive director function in a one-tier system);
- executive – for an executive function (e.g. management board or executive director function in a one-tier system);
- managerial – in the case of a position directly subordinate to the management board, with a separate scope of powers and associated with actually managing employees;
- academic/administrative – for non-supervisory functions that offer useful experience in overseeing the activities of a financial institution;
- other – for other jobs.

<sup>3</sup> Maximum number during employment in the respective position/performance of the respective function.

|  |  |
|--|--|
| 12. Contact details of the employer/client to confirm the above information: |  |
| Date and signature of the candidate:   |  |

**SECTION 2 – To be completed by the evaluator****II. Information relevant to evaluation**

|   |   |           |  |
|---|---|-----------|--|
| 1. Does the job fulfill the criteria for being considered managerial <sup>4</sup> ?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no | Comments: |  |
| 2. Is the job of an academic or administrative nature or does it involve supervising or overseeing any financial or other institutions? | <input type="checkbox"/> yes<br><input type="checkbox"/> no | Comments: |  |
| 3. Is the substantive scope of responsibilities similar to the ones intended to be entrusted to the candidate?                          | <input type="checkbox"/> yes<br><input type="checkbox"/> no | Comments: |  |
| 4. Is the scale of the structures managed previously comparable to that intended to be entrusted to the candidate?                      | <input type="checkbox"/> yes<br><input type="checkbox"/> no | Comments: |  |

|   |  |
|---|--|
| Date and signature of the entity's authorized representative: |  |
|---|--|

<sup>4</sup> I.e. whether it is a job in the management board or directly reporting to the management board, with a separate scope of powers and associated with actually managing employees.



**Attachment 1.4 to the primary individual evaluation form – Supervisory Board  
COMPETENCES OF A CANDIDATE**

| <b>I. Management competences in a regulated entity</b> |   |  |  |  |  |
|--|---|--|--|--|--|
| No.  | Competence Description  | Level of competence (self-assessment) <sup>1</sup>   | Assessment conducted by the entity <sup>2</sup>  | Level required by the entity <sup>3</sup>  | Assessment of satisfying the requirements <sup>4</sup>                       |
| 1.   | <b>Familiarity with the market</b><br>The candidate is familiar with the financial market in general, with special emphasis on the sector in which the regulated entity operates and with special emphasis on familiarity with the Polish market.   | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification <sup>5</sup> : | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 2.   | <b>Familiarity with the legal requirements and regulatory framework</b><br>The candidate is familiar with the regulations, the recommendations of the regulatory authority and the best practices governing business in the financial market sector in which the regulated entity operates. | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification:               | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

<sup>1</sup> Select one of the options and add the justification for the candidate’s self-assessment, considering in particular vocational and scientific accomplishments

<sup>2</sup> Select one of the options and add a justification, especially if the assessment differs from the self-assessment of the candidate.

<sup>3</sup> Select one of the options.

<sup>4</sup> If the value in the field “assessment conducted by the entity” is equal to or higher than the value in the field “level required by the entity”, select the option “satisfied”; otherwise select the option “not satisfied”.

<sup>5</sup> Where possible, documents confirming each of the the candidate’s competences should be presented.

Attachment 1.4 – Competences

|    |   |  |  |  |  |
|----|---|--|--|--|--|
| 3. | <p><b>Strategic planning (possession of management skills)</b><br/>The candidate grasps the institution’s business strategy / business plan and is capable of implementing it.</p>  | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 4. | <p><b>Familiarity with the management system, including risk management</b><br/>The candidate grasps risk management methodology – identifying, assessing, monitoring, controlling and mitigating the main types of risk applicable to the institution.</p>   | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 5. | <p><b>Accounting and financial audit</b><br/>The candidate body possesses current knowledge on accounting, accounting standards and financial audit.</p>  | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 6. | <p><b>Oversight, control and internal audit</b><br/>The candidate grasps the principles and standards of the audit and internal control system.</p>   | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 7. | <p><b>Intpretation of financial information (possession of finance and accounting skills)</b><br/>The candidate is capable of interpreting financial data and accounting data, is capable of analyzing and drawing conclusions on the basis of the data presented as required for management in the entity while simultaneously taking the market situation into account.</p> | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

Attachment 1.4 – Competences

|     |   |  |  |  |  |
|-----|---|--|--|--|--|
| 8.  | <p><b>Possession of insurance skills</b><br/>The candidate is capable of interpreting insurance information, is capable of analyzing and drawing conclusions on the basis of the data presented as required for management in the entity while simultaneously taking the market situation into account.</p>   | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 9.  | <p><b>Possession of actuarial skills</b><br/>The candidate grasps the significance and the role of the actuarial function in the entity; is capable of analyzing data and interpreting information while giving consideration to the entity's strategy and market situation.</p>  | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 10. | <p><b>Polish language proficiency</b><br/>The candidate has proven Polish language proficiency, communicates effectively in Polish with employees (on everyday and industry-related topics), grasps the topics discussed during a meeting of the corporate body; is capable of using the Polish language in presentations and addresses during conferences, workshops and key meetings.</p> | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 11. | <p>Other (which ones):</p>  | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

| II. Competences in managing the risks in the regulated entity's business |                        |  |  |  |  |
|--|------------------------|--|--|--|--|
| No.  | Competence Description | Level of competence (self-assessment) <sup>6</sup>   | Assessment conducted by the entity <sup>7</sup>  | Level required by the entity <sup>8</sup>  | Assessment of satisfying the requirements <sup>9</sup>                       |
| 1.   | Risk <sup>10</sup>     | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

<sup>6</sup> Select one of the options and add the justification for the candidate's self-assessment, considering in particular vocational and scientific accomplishments

<sup>7</sup> Select one of the options and add a justification, especially if the assessment differs from the self-assessment of the candidate.

<sup>8</sup> Select one of the options.

<sup>9</sup> If the value in the field "assessment conducted by the entity" is equal to or higher than the value in the field "level required by the entity", select the option "satisfied"; otherwise select the option "not satisfied".

<sup>10</sup> Risks in the regulated entity's business: risks ensuing from the insurance undertaking's business profile, including actuarial risk, market risk, credit risk, liquidity risk, operational risk and other significant risks for the insurance undertaking.

| III. Competences in managing the main areas in the regulated entity's business |                        |  |  |  |  |
|--|------------------------|--|--|--|--|
| No.  | Competence Description | Level of competence (self-assessment) <sup>11</sup>  | Assessment conducted by the entity <sup>12</sup>   | Level required by the entity <sup>13</sup>   | Assessment of satisfying the requirements <sup>14</sup>                      |
| 1.   | Line of business       | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

<sup>11</sup> Select one of the options and add the justification for the candidate's self-assessment, considering in particular vocational and scientific accomplishments

<sup>12</sup> Select one of the options and add a justification, especially if the assessment differs from the self-assessment of the candidate.

<sup>13</sup> Select one of the options.

<sup>14</sup> If the value in the field "assessment conducted by the entity" is equal to or higher than the value in the field "level required by the entity", select the option "satisfied"; otherwise select the option "not satisfied".

| IV. Personal competences |   |  |  |  |  |
|--------------------------|---|--|--|--|--|
| No.                      | Competence Description  | Level of competence (self-assessment) <sup>15</sup>  | Assessment conducted by the entity <sup>16</sup>   | Level required by the entity <sup>17</sup>   | Assessment of satisfying the requirements <sup>18</sup>                      |
| 1.                       | <b>Authenticity</b><br>The words and actions of the candidate are consistent and his/her conduct is consistent with the values and convictions he/she espouses. The candidate openly states his/her intentions, ideas and opinions, encourages the community to be open and frank and correctly advises his/her boss of the factual situation, thereby recognizing existing risks and difficulties. | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied<br><br>Justification:   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied<br><br>Justification:   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 2.                       | <b>Language</b><br>The candidate is capable of communicating orally in an organized and conventional manner and of writing in his/her mother tongue or the language used at work in the place where the institution is located.   | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 3.                       | <b>Firmness</b><br>The candidate makes decisions on a timely basis on the basis of the available information, acting quickly or in accordance with the specific method of action, for example expressing his/her views and not deferring the time of decision-making.   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied<br><br>Justification:   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied<br><br>Justification:   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

<sup>15</sup> Select one of the options and add the justification for the candidate’s self-assessment, considering in particular vocational and scientific accomplishments

<sup>16</sup> Select one of the options and add a justification, especially if the assessment differs from the self-assessment of the candidate.

<sup>17</sup> Select one of the options.

<sup>18</sup> If the value in the field “assessment conducted by the entity” is equal to or higher than the value in the field “level required by the entity”, select the option “satisfied”; otherwise select the option “not satisfied”.

Attachment 1.4 – Competences

|    |  |  |  |  |  |
|----|--|--|--|--|--|
| 4. | <p><b>Communication</b><br/>The candidate is capable of conveying information in an understandable and socially acceptable manner and in the appropriate form. He/she focuses on conveying and obtaining clear and transparent information and encourages active feedback.</p>   | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 5. | <p><b>Judgment</b><br/>The candidate is capable of making an accurate assessment of information and various methods of operation and reaches logical conclusions. He/she checks, investigates and grasps significant issues. He/she possesses the skill of making a holistic assessment of the situation transcending the perspective of the position held, especially when solving problems that may pose a threat to business continuity.</p>  | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 6. | <p><b>Cares about clients and high standards</b><br/>The candidate focuses on ensuring high standards and, if possible, finding methods of augmenting them. In particular: refuses to consent to developing and marketing products and services and incurring capital expenditures in circumstances in which he/she is not able to measure risk appropriately in connection with a lack of understanding concerning the structure, principles or basic assumptions underpinning the proposed solution. Identifies and investigates clients' needs and expectations and provides for conveying information to clients that is correct, complete and understandable. Gives special consideration to the value of the product to the client and the product's adequacy and suitability.</p> | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

Attachment 1.4 – Competences

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|-----|--|--|--|--|--|
| 7.  | <p><b>Leadership skills</b><br/>The candidate points out the directions of activity and provides leadership, supports team work, motivates employees and ensures that they have the appropriate professional competences to perform their functions or that are necessary to achieve the intended objectives. Is open to criticism and ensures the conduct of constructive debate.</p>   | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 8.  | <p><b>Loyalty</b><br/>The candidate identifies with the organization and demonstrates engagement. Shows that he/she is capable of devoting enough time to work and is capable of performing his/her duties appropriately, defends the interests of the organization and acts objectively and critically. Recognizes and anticipates prospective conflicts of interest.</p>   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied<br><br>Justification:   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied<br><br>Justification:   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 9.  | <p><b>External awareness</b><br/>The candidate monitors on an ongoing basis the state of the organization, its balance of power and the accepted operating methods. He/she is well aware of the economic situation in the country and around the world (including financial, economic and social development), which may exert an influence on the organization and the interests of various entities. At the same time, the candidate is capable of effectively using this information.</p> | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 10. | <p><b>Negotiations</b><br/>The candidate identifies and discloses interests in a manner that aims to achieve consensus in striving to achieve negotiating goals.</p>   | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |



Attachment 1.4 – Competences

|     |  |  |  |  |  |
|-----|--|--|--|--|--|
| 11. | <p><b>Persuasion</b><br/>The candidate is capable of influence others' opinions by using his/her gift of persuasion and natural authority and tactfulness. He/she has a strong personality and the skill of remaining firm.</p>  | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 12. | <p><b>Team work</b><br/>The candidate is aware of the group's interests and contributes to achieving the common goal; is capable of functioning as part of the group.</p>  | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 13. | <p><b>Strategic skills</b><br/>The candidate is capable of creating and developing realistic plans and strategies concerning future growth (by pursuing scenario analysis among other methods), which translates into the skill of setting long-term goals. Duly incorporates the risk to which the organization is exposed and takes the right steps to manage this risk.</p> | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 14. | <p><b>Resilience to stress</b><br/>The candidate is resilient to stress and is capable of acting logically even in the face of major pressure and in times of uncertainty.</p>   | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 15. | <p><b>Feeling of responsibility</b><br/>The candidate grasps internal and external determinants, assesses them diligently and takes them into account. Is capable of drawing conclusions and is aware of how his/her actions influence the interests of interested parties.</p>  | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied<br>Justification:   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied<br>Justification:   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied   | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

Attachment 1.4 – Competences

|     |  |  |  |  |  |
|-----|--|--|--|--|--|
| 16. | <p><b>Chairing of meetings</b><br/>The candidate is capable of effectively and efficiently presiding over meetings, creating an atmosphere of openness and encouraging everyone to take part on equal footing; is oriented when it comes to the tasks and duties of the other persons.</p> | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 17. | <p>Other (which ones):</p>   | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

|   |  |
|---|--|
| Date and signature of the candidate:                          |  |
| Date and signature of the entity's authorized representative: |  |

**Attachment 1.5 to the primary individual evaluation form – Supervisory Board  
GOOD CONDUCT**

**SECTION 1 – to be completed by the candidate****I. Good conduct**

|  |                          |
|--|--------------------------|
| A certificate <sup>1</sup> of no criminal record for intentional offenses or intentional fiscal offenses has been attached to the evaluation form. | <input type="checkbox"/> |
|--|--------------------------|

**DECLARATION<sup>2</sup>:**

|  |                          |
|--|--------------------------|
| I declare that I have/have not <sup>3</sup> been convicted for an intentional offense or an intentional fiscal offense confirmed by a final non-appealable court judgment. | <input type="checkbox"/> |
|--|--------------------------|

**II. Criminal proceedings**

|  |                          |
|--|--------------------------|
| There are no pending criminal proceedings against me and in the last 5 years there have been no such criminal proceedings before Polish or foreign judicial authorities. | <input type="checkbox"/> |
|--|--------------------------|

|   |                          |
|---|--------------------------|
| The following criminal proceedings are pending or have been conducted against me in the last 5 years: | <input type="checkbox"/> |
|---|--------------------------|

|  |  |
|--|--|
|  |  |
|--|--|

| No. | Attachments |
|-----|-------------|
|-----|-------------|

|    |  |
|----|--|
| 1. |  |
|----|--|

I am aware<sup>3</sup> of the criminal liability for submitting a false declaration in accordance with Article 233 of the Criminal Code.

|                                      |  |
|--------------------------------------|--|
| Date and signature of the candidate: |  |
|--------------------------------------|--|

<sup>1</sup> A certificate issued by the National Criminal Register and, in respect of foreigners, also by the competent authorities of their country of residence, should be submitted no later than 3 months from the date of issue.

<sup>2</sup> If a certificate of no criminal record has been submitted, no declaration is required.

<sup>3</sup> Delete as applicable.

**SECTION 2 – To be completed by the evaluator**

**III. Summary of the entity's evaluation**

The information provided by the candidate in this form has an unfavorable impact on the evaluation of his/her good conduct record in terms of suitability for appointment as a member of a corporate body of the regulated entity.

- yes
- no

Date and signature of the entity's authorized representative:

**Appendix 1.6 to the individual primary suitability assessment form - Supervisory Board  
WARRANTY**

| <b>SECTION 1 - to be completed by the candidate</b>   |                          |
|---|--------------------------|
| <b>I. Administrative sanctions against the candidate</b>  |                          |
| During my career to date:   |                          |
| no administrative sanction was imposed on me.   | <input type="checkbox"/> |
| the following administrative sanctions were imposed on me:<br><i>If the answer is affirmative, please state what case the imposed administrative sanctions were related to, to the activities of what entity they were related and in connection with which function they were imposed, as well as what they involved and what the effect of their application was.</i>   | <input type="checkbox"/> |
|   |                          |
| <b>II. Administrative sanctions imposed on other entities</b>   |                          |
| During my career to date, with respect to other entities and with respect to my responsibilities:   |                          |
| no administrative sanction was imposed.   | <input type="checkbox"/> |
| the following administrative sanctions were imposed:<br><i>If the answer is affirmative, please state what case the imposed administrative sanctions were related to, to the activities of what entity they were related and in connection with what function you held they were imposed, as well as what they involved and what the effect of their application was.</i>   | <input type="checkbox"/> |
|   |                          |
| <b>III. Supervisory measures against the candidate</b>  |                          |
| Over the last 5 years:  |                          |
| no supervisory measures were taken against me by the competent financial supervisory authorities or similar actions of other authorized entities under separate laws in connection with irregularities in the activities of entities subject to the supervision of these supervisory authorities in which I am or was a member of the governing body.   | <input type="checkbox"/> |
| the following supervisory measures were taken against me by the competent financial supervisory authorities or similar actions of other authorized entities under separate laws in connection with irregularities in the activities of entities subject to the supervision of these supervisory authorities in which I am or was a member of the governing body.<br><i>If the answer is affirmative, please state what case the imposed supervisory measures were related to, to the activities of what entity they were related and in connection with which function they were imposed, as well as what they involved and what the effect of their application was:</i> | <input type="checkbox"/> |
|   |                          |
| <b>IV. Supervisory measures against other entities</b>  |                          |

|   |                          |
|---|--------------------------|
| <p>Over the past 5 years, with respect to other entities and in connection with my responsibilities:</p>  |                          |
| <p>no supervisory measures were taken by the competent financial supervisory authorities or similar actions of other authorized entities under separate laws with respect to entities in which I hold or held shares equal to or exceeding 10% of the total number of votes at the general meeting or in the share capital, or with respect to which I am or was a parent entity, in connection with irregularities in the activities of these entities, if these entities carry out or carried out activities subject to supervision by the competent supervisory authority in the country of their headquarters.</p>  | <input type="checkbox"/> |
| <p>the following supervisory measures were taken by the competent financial supervisory authorities or similar actions of other authorized entities under separate laws with respect to entities in which I hold or held shares equal to or exceeding 10% of the total number of votes at the general meeting or in the share capital, or with respect to which I am or was a parent entity, in connection with irregularities in the activities of these entities, if these entities carry out or carried out activities subject to supervision by the competent supervisory authority in the country of their headquarters:<br/> <i>If the answer is affirmative, please state what case the imposed supervisory measures were related to, to the activities of what entity they were related and in connection with which function you hold they were imposed, as well as what they involved and what the effect of their application was:</i></p> | <input type="checkbox"/> |
| <p><b>V. Legal proceedings with respect to a business case</b></p>  |                          |
| <p>There are no legal proceedings pending against me in connection with a business case</p>   | <input type="checkbox"/> |
| <p>There are legal proceedings pending against me in connection with a business case.<br/> <i>If the answer is affirmative, please provide the type of case(s), the entities involved (plaintiffs, participants, etc.), and the subject matter of the case(s) (type, nature and amount of claim, challenged behavior):</i></p>  | <input type="checkbox"/> |
| <p><b>VI. Conducting business without the required decision</b></p>   |                          |
| <p>I did not carry out financial market activities without the required decision in a situation where such activities required a decision by the competent authority.</p>   | <input type="checkbox"/> |
| <p>I carried out financial market activities without the required decision in a situation where such activities required a decision by the competent authority.<br/> <i>If the answer is affirmative, please provide the circumstances of the incident and a resolution, if any, in administrative, pre-trial or judicial proceedings regarding the act committed:</i></p>  | <input type="checkbox"/> |

|   |                          |
|---|--------------------------|
| <b>VII. Using the financial system for money laundering</b>   |                          |
| I did not commit the acts referred to in Article 1(3) of Directive (EU) 2015/849 of the European Parliament and of the Council of 20 May 2015 on the prevention of the use of the financial system for the purpose of money laundering or terrorist financing (OJ L.2015.141/73).   | <input type="checkbox"/> |
| I committed the acts referred to in Article 1(3) of Directive (EU) 2015/849 of the European Parliament and of the Council of 20 May 2015 on the prevention of the use of the financial system for the purpose of money laundering or terrorist financing (OJ L.2015.141/73).<br><i>If the answer is affirmative, please provide the circumstances of the incident and a resolution, if any, in administrative, pre-trial or judicial proceedings regarding the act committed:</i> | <input type="checkbox"/> |
| <b>VIII. Civil law claims with respect to the performance of managerial functions</b>   |                          |
| Over the last 5 years:  |                          |
| there were no civil law claims filed against me nor final and unappealable decisions on civil law claims made against me with respect to the performance of managerial functions in business entities.  | <input type="checkbox"/> |
| there were civil law claims filed against me and final and unappealable decisions on civil law claims made against me with respect to the performance of managerial functions in business entities.<br><i>If the answer is affirmative, please state the activity of which entity the claim pertained to, the basis and circumstances of the filing of the claim, as well as the amount of the claim and what behavior each of the claims pertained to:</i>                       | <input type="checkbox"/> |
| <b>IX. Judicial, disciplinary or enforcement proceedings - other than those included above</b>  |                          |
| Currently and over the past 5 years:  |                          |
| I am not and I was not a party in legal proceedings that may have or may have had an adverse effect on my financial situation, or in disciplinary or enforcement proceedings.   | <input type="checkbox"/> |
| I am or I was a party in legal proceedings that may have or may have had an adverse effect on my financial situation, or in disciplinary or enforcement proceedings (list accordingly):   | <input type="checkbox"/> |
| <b>X. Financial liability of the employee</b>   |                          |
| Over the past 5 years:  |                          |
| I did not cause damage for which I would be financially liable under the rules of the Labor Code at my current and previous job(s).   | <input type="checkbox"/> |
| I caused the damage for which I was financially liable under the rules of the Labor Code at my current or previous job(s) (list accordingly):   | <input type="checkbox"/> |

|   |                          |
|---|--------------------------|
| <b>XI. Prohibition on holding a particular position, practicing a particular profession or conducting a particular business activity</b>  |                          |
| No punitive measure prohibiting me from holding a certain position, practicing a certain profession or conducting a certain business activity was ordered against me.   | <input type="checkbox"/> |
| A punitive measure prohibiting me from holding a certain position, practicing a certain profession or conducting a certain business activity was ordered against me (list accordingly):   | <input type="checkbox"/> |
|   |                          |
| <b>XII. Refusal to obtain approval or authorization</b>   |                          |
| Over the last 5 years:  |                          |
| no authorization or approval was denied with respect to the activities I perform or I am planning to perform, or the functions I hold in an entity that is active in the financial market.  | <input type="checkbox"/> |
| a authorization or approval was denied with respect to the activities I perform or I am planning to perform, or the functions I hold in an entity that is active in the financial market, in the following circumstances (list accordingly):  | <input type="checkbox"/> |
|   |                          |
| <b>XIII. Withdrawal of approval or authorization</b>  |                          |
| Over the last 5 years:  |                          |
| no authorization or approval was withdrawn with respect to my activities or function in an entity active in the financial market.   | <input type="checkbox"/> |
| an authorization or approval was withdrawn with respect to my activities or function in an entity active in the financial market, in the following circumstances (list accordingly):  | <input type="checkbox"/> |
|   |                          |
| <b>XIV. Liquidation, bankruptcy, restructuring and rescue proceedings</b>   |                          |
| Over the last 5 years:  |                          |
| there are no and there were no liquidation, bankruptcy, rescue or restructuring proceedings pending with respect to entities in which I hold or held managerial functions or in which I hold or held an interest equal to or exceeding 10% of the total number of votes at the general meeting or in the share capital, or for which I am or I was a parent entity.               | <input type="checkbox"/> |
| the following liquidation, bankruptcy, rescue or restructuring proceedings are or were pending with respect to entities in which I hold or held managerial functions or in which I hold or held an interest equal to or exceeding 10% of the total number of votes at the general meeting or in the share capital, or for which I am or I was a parent entity (list accordingly): | <input type="checkbox"/> |
|   |                          |



| <b>XV. Bankruptcy declaration - business activity</b>  |                          |
|--|--------------------------|
| Over the past 5 years:   |                          |
| with respect to me as a sole trader, no bankruptcy was declared nor final and unappealable decision to dismiss a bankruptcy petition was made, because the debtor's assets were insufficient to cover the costs of the proceedings.  | <input type="checkbox"/> |
| with respect to me as a sole trader, bankruptcy was declared or final and unappealable decision to dismiss a bankruptcy petition was made, because the debtor's assets were insufficient to cover the costs of the proceedings.<br><i>If the answer is affirmative, please provide your business objects and explain the reasons for insolvency:</i>   | <input type="checkbox"/> |
|  |                          |
| <b>XVI. Bankruptcy declaration - a natural person</b>  |                          |
| Over the past 5 years:   |                          |
| with respect to me as a natural person not engaged in business operations no bankruptcy was declared or no final and unappealable decision to dismiss bankruptcy petition was made against me as a natural person not engaged in business operations for the reasons specified in Article 4914 of the Act of 28.02.2003. - Bankruptcy Law (consolidated version: Journal of Laws of 2019, item 498 as amended).                                      | <input type="checkbox"/> |
| bankruptcy was declared against me as a natural person not engaged in business operations or a final and unappealable decision was made to dismiss the bankruptcy petition for the reasons specified in Article 4914 of the Act of 28.02.2003. - Bankruptcy Law (consolidated version: Journal of Laws of 2019, item 498 as amended).<br><i>If the answer is affirmative, please provide the circumstances regarding the reasons for insolvency:</i> | <input type="checkbox"/> |
|  |                          |
| <b>XVII. Register of debtors</b>   |                          |
| I am not, as a natural person, entered in the register of debtors.   | <input type="checkbox"/> |
| I am, as a natural person, entered in the register of debtors.<br><i>If the answer is affirmative, please provide the grounds for the entry:</i>   | <input type="checkbox"/> |
|  |                          |
| <b>XVIII. Discharge of duties</b>  |                          |
| Over the last 5 years:   |                          |
| with respect to my holding functions in the governing or supervisory bodies of commercial companies, I was always discharged of my duties inherent in the functions I held.  | <input type="checkbox"/> |
| with respect to my holding functions in the governing or supervisory bodies of commercial companies, I was not discharged of my duties inherent in the functions I held.<br><i>Please provide the name(s) of the company(ies), the address of the headquarters, the object of the enterprise and the type of function held, as</i>   | <input type="checkbox"/> |

|  |  |  |
|--|--|--|
| <i>well as an the reason for the absence of discharge of duties:</i>   |  |  |
|  |  |  |
| I confirm the declarations made in this form and I am aware of the criminal liability for making a false statement under Article 233 of the Criminal Code. |  |  |
| Date and signature of the candidate:   |  |  |

**SECTION 2 - to be completed by the assessing entity****XIX. Irregularities related to the candidate's duties found during audit<sup>1</sup>**

|    |   |  |
|----|---|--|
| 1. | The entity carrying out the control:                      |  |
|    | Control deadline:   |  |
|    | Date of control:  |  |
|    | Scope of control:   |  |
|    | Responsibilities of the candidate as of the control date: |  |
|    | Identified irregularities in the candidate's duties:      |  |
|    | The candidate's remediation efforts:                      |  |

**XX. Irregularities related to the candidate's duties found as a result of supervisory activities carried out by the supervisory authority**

|    |  |  |
|----|--|--|
| 1. | Type of supervisory action:  |  |
|    | Date of supervisory action:  |  |
|    | Timelines covered by supervisory action:                             |  |
|    | Scope of supervisory action:   |  |
|    | Responsibilities of the candidate as of the supervisory action date: |  |
|    | Identified irregularities in the candidate's duties:                 |  |
|    | The candidate's remediation efforts:                                 |  |

**XXI. Summary of the assessment by the supervised entity**

|   |                              |
|---|------------------------------|
| The information provided in this form adversely affects the assessment of their warranting the suitability to be appointed as a | <input type="checkbox"/> yes |
|   | <input type="checkbox"/> no  |

<sup>1</sup> Refers to control activities related to the candidate's function in the supervised entity that carries out the assessment; includes internal audits and controls, audits by third party entities, inspections by administrative bodies (excluding KNF); the analysis should cover the period of the past 5 years whereas the earlier events should only be included if, in the view of the supervised entity, they are relevant for the warranty assessment.

|  |  |
|--|--|
| member of the governing body of the supervised entity.             |  |
| Date and signature of the authorized representative of the entity: |  |

**Appendix 1.7 to the individual primary suitability assessment form - Supervisory Board  
CONFLICT OF INTEREST**

**SECTION 1 - to be completed by the candidate**

| <b>Candidate declarations</b>   |   |   |   |
|---|---|---|---|
| Currently and over the past 5 years:  | Currently   | Over the past 5 years                                       | Conflict of interest  |
| I directly or indirectly own shares in a commercial company or have the right to appoint at least one member of its management board, and the company is engaged in activities competitive with the entity in which I serve (or will serve).  | <input type="checkbox"/> yes<br><input type="checkbox"/> no |   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| I directly or indirectly own shares in another business entity (e.g., mutual insurance company, cooperative bank, cooperative savings and credit union) or the right to appoint at least one member of its management board, and the entity is engaged in activities competitive to the entity in which I (will) serve. | <input type="checkbox"/> yes<br><input type="checkbox"/> no |   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| I have an economic interest with the entity in which I (will) serve, whether through my business activities, intellectual property rights or any other capacity.<br><i>Please define the nature of your cooperation with the entity in which you (will) serve:</i>  | <input type="checkbox"/> yes<br><input type="checkbox"/> no |   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
|   |   |   |   |
| I am/was an employee/associate of <sup>1</sup> an entity that holds significant stake in the entity in which I (will) serve.  | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| I have/had an employment/cooperation relationship with a person who is an employee of the entity in which I (will) serve, or an entity included in the scope of prudential consolidation.   | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| I have/had an employment relationship with another entity, which may (potentially) trigger a conflict of interest.<br><i>Please list the entities affected by the above:</i>  | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
|   |   |   |   |

<sup>1</sup> Cooperation as construed by this questionnaire is cooperation on terms other than an employment contract, such as a contract of mandate, contract for work, other civil law contract.

|  |   |   |   |
|--|---|---|---|
| <p>I am a partner/shareholder/governing body member of an entity that is a material counterparty<sup>2</sup> of the entity in which I (will) serve.<br/><i>Please list the entities affected by the above:</i></p>   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <p>I have an employment/cooperation relationship with an entity that is a material counterparty or with a person who is a member of the governing body of a material counterparty of an entity in which I (will) serve.<br/><i>Please list the entities affected by the above:</i></p> | <input type="checkbox"/> yes<br><input type="checkbox"/> no |   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <p>I am a member of a governing body of an entity engaged in competitive activities with the entity in which I (will) serve.<br/><i>Please list the competing entities to which the above applies:</i></p>   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <p>My social activities generate a conflict of interest with the activities of the entity in which I serve (or will serve).</p>  | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <p>I identify a contradiction between the interests of the insurance company in which I (will) serve with the interests of my close associates<sup>3</sup>.</p>  | <input type="checkbox"/> yes<br><input type="checkbox"/> no |   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <p>Date and signature of the candidate:</p>  |   |   |   |

<sup>2</sup> As defined in this questionnaire, material counterparty is, for example, a material service provider, consulting company.

<sup>3</sup> As defined in this questionnaire, a close associate is a spouse, a cohabitating partner, a relative by blood, a relative by marriage up to the second degree, as well as a person in an adoption, guardianship or custody relationship with the candidate.

| <b>SECTION 2 - to be completed by the assessing entity</b>   |                          |                               |   |
|--|--------------------------|-------------------------------|---|
| <b>I. Solutions adopted for managing identified conflicts of interest</b>  |                          |                               |   |
| No.  | Identified irregularity: | Management solutions adopted: | Is the solution effective?                                  |
| 1.   |                          |                               | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <b>II. Summary of the assessment by the entity</b>   |                          |                               |   |
| The information the candidate provided in this form adversely affects the assessment of their ability to exercise independent judgment regarding conflicts of interest in terms of their suitability for appointment as a member of the governing body of the supervised entity. |                          |                               | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Date and signature of the authorized representative of the entity:   |                          |                               |   |

**Attachment 1.8 to the primary individual suitability evaluation form – Supervisory Board  
COMBINATION OF FUNCTIONS (PRIMARY EVALUATION)**

**SECTION 1 – to be completed by the candidate**

**I. Information on functions performed in supervisory boards/non-executive directors**

| No.  | Name of the entity | Function performed/job title | Group/system of institutional protection | The evaluator holds a significant block of shares <sup>1</sup> | State Treasury representative                               | Performs currently/will I perform  | Area of operation  |
|--|--------------------|------------------------------|--|--|---|--|--|
| 1.   |                    |                              |  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> performs<br><input type="checkbox"/> will perform | <input type="checkbox"/> banking<br><input type="checkbox"/> pension<br><input type="checkbox"/> capital<br><input type="checkbox"/> insurance<br><input type="checkbox"/> other financial<br><input type="checkbox"/> non-financial |
| <b>Total positions in supervisory boards</b>   |                    |                              |  |  |   |  |  |
| <b>Total positions in supervisory boards, including positions counted as single ones<sup>2</sup></b> |                    |                              |  |  |   |  |  |

<sup>1</sup> This means the holding of a direct or indirect holding in an enterprise, representing 10% or more of the capital or voting rights or exercising a significant influence over the management of the enterprise.

<sup>2</sup> A single position is considered to be a position held in supervisory boards of members of the same group or in entities covered by the same institutional protection system, or in entities in which the bank holds a significant block of shares.



| II. Information on functions performed in management boards/executive directors                     |                    |                              |  |  |  |  |  |
|---|--------------------|------------------------------|--|--|--|--|--|
| No.   | Name of the entity | Function performed/job title | Group/system of institutional protection | The evaluator holds a significant block of shares <sup>3</sup> | Performs currently/will perform  | Area of operation  |  |
| 1.  |                    |                              |  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> performs<br><input type="checkbox"/> will perform | <input type="checkbox"/> banking<br><input type="checkbox"/> pension<br><input type="checkbox"/> capital | <input type="checkbox"/> insurance<br><input type="checkbox"/> other financial<br><input type="checkbox"/> non-financial |
| <b>Total positions in management boards</b>   |                    |                              |  |  |  |  |  |
| <b>Total positions in management boards, including positions counted as single ones<sup>4</sup></b> |                    |                              |  |  |  |  |  |
| Date and signature of the candidate   |                    |                              |  |  |  |  |  |

<sup>3</sup> This means the holding of a direct or indirect holding in an enterprise, representing 10% or more of the capital or voting rights or exercising a significant influence over the management of the enterprise.

<sup>4</sup> A single position is considered to be a position held in management boards of members of the same group or in entities covered by the same institutional protection system, or in entities in which the bank holds a significant block of shares.

**SECTION 2 – To be completed by the evaluator**

**III. Summary of the entity’s evaluation**

The information provided by the candidate in this form has an unfavorable impact on the evaluation of his/her independence of judgment in terms of suitability for appointment as a member of a corporate body of the regulated entity.

yes

no

Date and signature of the entity’s authorized representative

**Appendix 1.9 to the individual primary suitability assessment form - Supervisory Board  
TIME COMMITMENT**

**SECTION 1 - to be completed by the candidate**

**I. Candidate Declaration**

I have been informed of the expected minimum amount of time necessary for my duly performing the duties, and I declare I am willing to commit the following amount of time:

yes

no

I am willing to commit more time during periods of particularly intense activity, such as restructuring or other emergency situations.

yes

no

| II. Time committed to other jobs/functions <sup>1</sup>                      |                             |          |           |   |                            |   |                            |  |
|--|-----------------------------|----------|-----------|---|----------------------------|---|----------------------------|--|
| No.  | Position / Title            |          |           | Current time commitment   |                            | Planned time commitment after appointment to position under consideration |                            |  |
|  |                             |          |           | Meetings per year   | Days per year <sup>2</sup> | Meetings per year   | Days per year <sup>3</sup> |  |
| a) Other positions/functions in the same entity                              |                             |          |           |   |                            |   |                            |  |
| 1.   | Position title:             |          |           |   |                            |   |                            |  |
| b) Positions/functions in other entities within the same group of companies  |                             |          |           |   |                            |   |                            |  |
| 1.   | Position title:             |          |           | Size of the entity <sup>4</sup>   |                            |   |                            |  |
|  | Name of the entity:         |          |           |   |                            |   |                            |  |
|  | Business object:            |          |           |   |                            |   |                            |  |
|  | Headquarters/duty location: | Country: | Locality: |   |                            |   |                            |  |
|  |                             |          |           | <input type="checkbox"/> Micro<br><input type="checkbox"/> Small<br><input type="checkbox"/> Medium<br><input type="checkbox"/> Big |                            |   |                            |  |
| c) Positions/functions in other commercial entities (including own business) |                             |          |           |   |                            |   |                            |  |
| 1.   | Position title:             |          |           | Size of the entity  |                            |   |                            |  |
|  | Name of the entity:         |          |           |   |                            |   |                            |  |
|  | Business object:            |          |           |   |                            |   |                            |  |
|  | Headquarters/duty location: | Country: | Locality: |   |                            |   |                            |  |
|  |                             |          |           | <input type="checkbox"/> Micro<br><input type="checkbox"/> Small<br><input type="checkbox"/> Medium<br><input type="checkbox"/> Big |                            |   |                            |  |
| d) Other non-commercial activities (e.g., social/teaching activities)        |                             |          |           |   |                            |   |                            |  |

<sup>1</sup> This part should also include the time committed to duties performed as part of a long-term (more than 3 months) replacement.

<sup>2</sup> Per full 8-hour workdays.

<sup>3</sup> Per full 8-hour workdays.

<sup>4</sup> As per the classification set forth in Article 7 of the Entrepreneur Law.

|    |                             |          |           |   |  |  |  |  |
|----|-----------------------------|----------|-----------|---|--|--|--|--|
| 1. | Position title:             |          |           | Size of the entity  |  |  |  |  |
|    | Name of the entity:         |          |           |   |  |  |  |  |
|    | Business object:            |          |           | <input type="checkbox"/> Micro<br><input type="checkbox"/> Small<br><input type="checkbox"/> Medium<br><input type="checkbox"/> Big |  |  |  |  |
|    | Headquarters/duty location: | Country: | Locality: |   |  |  |  |  |
|    |                             |          |           |   |  |  |  |  |
|    |                             |          |           | Total a) + b) + c) + d)   |  |  |  |  |

  

| e) Synergies related to functions within the same group of companies <sup>5</sup> |                       |                                   |  |  |
|---|-----------------------|-----------------------------------|--|--|
| No.   | Description of duties | Positions affected by the synergy | Time currently saved through synergy (days per year) | Planned time savings through synergy (days per year) |
| 1.  |                       |                                   |  |  |
|   |                       | Total synergies                   |  |  |
| Total time commitment including synergies [total of (a)-(d) less (e)]             |                       |                                   |  |  |

  

| III. Additional duties not included in p. II |  |
|--|--|
|  |  |

  

|                                      |  |
|--------------------------------------|--|
| Date and signature of the candidate: |  |
|--------------------------------------|--|

<sup>5</sup> The candidate's duties overlap with respect to several functions within a group of companies, with particular emphasis on acting on behalf of the entity or as a deputy member of the supervised entity's body.

| <b>SECTION 2 - to be completed by the assessing entity</b>   |   |   |
|--|---|---|
| <b>IV. Preparation for the duties of the position that will be assigned to the candidate</b>   |   |   |
| Need for training  | yes <input type="checkbox"/><br>no <input type="checkbox"/> |   |
| Scope of training  | Training duration   | Expected date of training                                   |
|  |   |   |
| <b>V. Requirements for the candidate's time commitment in the context of duties performance</b>  |   |   |
| number of planned meetings of the body   |   |   |
| estimated number of non-planned meetings   |   |   |
| <b>VI. Remote work</b>   |   |   |
| The entity uses solutions that allow remote working  | yes <input type="checkbox"/><br>no <input type="checkbox"/> |   |
| <b>VII. Long-term absence</b>  |   |   |
| The entity has a replacement strategy for instances of absence. It ensures compliance with legal norms, allowing employees to allocate sufficient time to both their existing duties and replacement responsibilities, thereby maintaining continuity and preventing any disruption of operations. |   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |

| <b>VIII. Summary of the assessment by the entity</b>   |   |                    |
|--|---|--------------------|
| The supervised entity has assumed that the minimum time required to perform the duties inherent in the function to be assigned to the candidate is:  |   | ...hours per month |
|  |   | ...days per year   |
| The information the candidate provided in this form adversely affects the assessment of their time commitment capacity in terms of their suitability to be appointed as a member of the governing body of the supervised entity. | <input type="checkbox"/> yes<br><input type="checkbox"/> no |                    |
| Date and signature of the authorized representative of the entity:   |   |                    |

## Attachment 1.10: Consent to candidacy

### Declaration

I, the undersigned, *[First and last name]*, hereby declare that I give consent to be a candidate for a member of the Supervisory Board of Powszechny Zakład Ubezpieczeń Spółka Akcyjna with its registered office in Warsaw.

At the same time, I declare that I give consent to inform the participants of the Shareholder Meeting of Powszechny Zakład Ubezpieczeń Spółka Akcyjna about the data contained in this Form and attachments thereto and the contents of the submitted documents, and the information obtained in the Suitability Assessment process.

Attachment: Personal Data Controller's Information for candidates and members of PZU SA's governing bodies\*\*

.....  
(Full name)

.....  
(Signature)

.....  
(Place and date)

\* delete as applicable

\*\* in accordance with form prepared by PZU



**Personal Data Controller's Information** for candidates and members of PZU SA's corporate bodies

**[Data controller and contact details of the controller and Data Protection Officer]**

The data controller is PZU SA with its registered office in Warsaw at Rondo Ignacego Daszyńskiego 4, 00-843 Warsaw.

You may contact the controller by sending an e-mail to kontakt@pzu.pl or in writing to the address of the controller's registered office as specified above. You may contact the Data Protection Officer designated by the controller with regard to all matters in the area of personal data protection. The Data Protection Officer may be contacted by e-mail at: IODpzu@pzu.pl or in writing, with a letter addressed to: PZU SA, IOD, Rondo Ignacego Daszyńskiego 4 Warsaw.

**[Data processing]**

The controller may process your data for the purpose of:

- entering into and performing a mandate agreement with you – the legal basis for the processing is that the data processing is necessary to sign and perform the agreement,
- preparing and updating a list of persons discharging managerial responsibilities in PZU SA and persons closely related to them and a list of persons having access to confidential information – the legal basis for the processing is that the processing is necessary for compliance with a legal obligation to which the controller is subject,
- carrying out the initial, secondary and collective suitability assessment – the legal basis for the processing is that the processing is necessary for compliance with a legal obligation to which the controller is subject or necessity to pursue the controller's legitimate interests; the controller's legitimate interests consist in carrying out a suitability assessment according to the *Methodology for assessing suitability of the members of the corporate bodies of regulated entities*, published by the Polish Financial Supervision Authority;
- granting you entitlements to PZU SA's information systems – the legal basis for the processing is that the data processing is necessary to perform the agreement,
- issuing an access card to the building and the premises; where applicable, PZU SA will process your image – the legal basis for the processing is that the data processing is necessary to pursue the controller's legitimate interests; the controller's legitimate interests consist in ensuring access control and ensuring security in the building,
- monitoring compliance with the standards of conduct specified in the compliance policy and the Best Practices of PZU – the legal basis for the processing is that the data processing is necessary to pursue the controller's legitimate interests; the controller's legitimate interests consist in ensuring the possibility to verify the standards of conduct, in particular those pertaining to conflict of interest and giving of gifts,
- taking advantage of discounts for insurance products by you – the legal basis for the processing is that the processing is necessary to pursue the controller's legitimate interests; the controller's legitimate interests consist in ensuring the benefits,
- your participation in incentive, loyalty, training and image-related programs and competitions organized by PZU SA – the legal basis for the processing is that the processing is necessary to pursue the controller's legitimate interests; the controller's legitimate interests consist in improving the competencies and motivation,
- keeping accounting and tax documentation – the legal basis for the processing is that the processing is necessary for compliance with a legal obligation to which the controller is subject,
- when necessary, in order to pursue claims or defend against claims related to the agreement signed with you – the legal basis for the processing is that the data processing is necessary to pursue the controller's legitimate interests; the controller's legitimate interests consist in its ability to pursue its claims and to defend against claims arising in connection with the executed agreement.

Personal data must be provided in order to enter into and perform the agreement. Without providing the data entering into and performing the agreement is not possible.

**[Data retention period]**

Your personal data associated with entering into the agreement will be stored until the expiration of the obligation to store data as required by the law, in particular under accounting regulations and the tax law.

**[Data transfers]**

Your personal data may be shared with other persons, entities and authorities authorized by law to process such data.

You data may be made available to organizers of training courses and incentive programs financed by PZU SA.

Your personal data may be shared with data processors that process personal data under engagement from the controller, however such entities will process data based on an agreement with the controller and solely in accordance with the controller's instructions.

**[Your rights]**

You have the right to access your personal data and to demand to rectify such data, erase them or restrict their processing.

You have the right to data portability, i.e. to receive your personal data from the controller in a structured, commonly used, machine-readable format. You may send such data to another controller.

To the extent that the processing of your personal data is based on the controller's legitimate interests, you have the right to object to the processing of your personal data for reasons associated with your special situation.

In order to exercise the said rights, you should contact the controller or the Data Protection Officer using the above contact details.

You have the right to file a complaint with the regulatory authority. In Poland, the regulatory authority is the President of the Personal Data Protection Office.

**Individual Assessment Form of a Candidate to Become an Audit Committee Member / Audit Committee Member**

**SECTION 1 – to be filled out by the person subject to assessment**

|  |   |   |
|--|---|---|
| <b>1. Personal information</b>   |   |   |
| 1.   | First name:   |   |
| 2.   | Last name:  |   |
| 3.   | Place of birth:   |   |
| 4.   | Date of birth:  |   |
| <b>5. Declarations regarding the satisfaction of independence criteria</b> |   |   |
| 1.   | I am, or in the last 5 years <sup>1</sup> I have been a member of a senior management team, also I am or was a member of the management board or some other managing body of the entity conducting the assessment or a related party?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| 2.   | I am, or in the last 3 years <sup>2</sup> since the date of appointment I have been an employee of the entity conducting the assessment or a related party ( <i>this does not pertain to a situation in which the audit committee member is an employee who does not belong to senior management and who was elected to the supervisory board or some other supervising or control body of the entity conducting the assessment as a representative of the employees</i> ). | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| 3.   | I exercise control within the meaning of Article 3(1)(37)(a)-(e) of the Accounting Act of 29 September 1994 or I represent persons or entities exercising control over the entity conducting the assessment?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| 4.   | I receive or have received additional remuneration <sup>3</sup> , in a significant amount, from the entity conducting the assessment or a related party, except for the remuneration I received as a member of the supervisory board or some other supervising or controlling body, including the audit committee.  | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| 5.   | I maintain or in the last year since the date of appointment I have maintained significant economic relations with the entity conducting the assessment or a related party, directly or as an owner, partner, shareholder or member of the supervisory board or other supervising or controlling body, or a person holding a position in  | <input type="checkbox"/> yes<br><input type="checkbox"/> no |

<sup>1</sup> If the entity conducting the assessment satisfies the criteria specified in art. 128 section 4 of the Act on Statutory Auditors and Regulated Entities, then this period is 1 year.

<sup>2</sup> If the entity conducting the assessment satisfies the criteria specified in art. 128 section 4 of the Act on Statutory Auditors and Regulated Entities, then this period is 1 year.

<sup>3</sup> Additional remuneration:

1. includes participation in a system of allocating share options or some other performance-based remuneration system;
2. does not include the receipt of fixed amounts of remuneration under a retirement plan, including deferred compensation, for any prior service in a given public interest entity, where such remuneration is not contingent on the person's continued employment in a given public interest entity.

|   |  |   |
|---|--|---|
| senior management, including a member of the management board or some other managing body of an entity maintaining such relationships.  |  |   |
| 6. I am or in the last 2 years since the date of appointment I have been:   |  |   |
| 1.  | an owner, partner (including a general partner) or shareholder of the current or previous audit firm auditing the financial statements of the entity conducting the assessment or a related party;   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| 2.  | a member of the supervisory board or some other supervising or controlling body of the current or previous audit firm auditing the financial statements of the entity conducting the assessment;   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| 3.  | an employee or a member of senior management, including a member of the management board or some other managing body of the current or previous audit firm auditing the financial statements of the entity conducting the assessment or a related party;                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| 4.  | some other natural person whose services have been used or supervised by the current or previous audit firm or any statutory auditor acting on its behalf.   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| 5.  | I am a member of the management board or some other managing body of an entity in which a member of the supervisory board or some other supervising or controlling body is a member of the management board or some other managing body of the entity conducting the assessment. | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| 6.  | I have been a member of the supervisory board or some other supervising or controlling body of the entity conducting the assessment for longer than 12 years.  | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| 7.  | I am the spouse, cohabitant, relative by blood or marriage in a straight line or in a collateral line up to the fourth degree of a member of the management board or some other managing body of the entity conducting the assessment or a person referred to in items 1–8.      | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| 8.  | I am in an adoption, custody or guardianship relationship with a member of the management board or some other managing body of the entity conducting the assessment or a person referred to in items 1–8.  | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <input type="checkbox"/> I have the full capacity to execute legal acts.<br><input type="checkbox"/> I consent to take the position specified in part II of this form (pertains to a candidate to be a member of the Audit Committee).<br><input type="checkbox"/> I have reviewed the data controller’s information for candidates and members of PZU SA’s corporate bodies. |  |   |
| Date and signature:   |  |   |

| <b>SECTION 2 – To be completed by the entity conducting the assessment</b> |   |
|--|---|
| <b>9. Information on the position</b>                                      |   |
| 1. Name / business name of the entity:                                     |   |
| 2. Corporate body and function / position:                                 | Audit Committee<br><input type="checkbox"/> Audit Committee Chairperson<br><input type="checkbox"/> Audit Committee Member  |
| <b>3. Assessment summary</b>   |   |
| 1. Competences – accounting knowledge                                      | <input type="checkbox"/> satisfied <span style="margin-left: 150px;"><input type="checkbox"/> not satisfied</span><br><br><input type="checkbox"/> – documented under the assessment of the supervisory board member<br>(please indicate the pertinent attachment)<br><input type="checkbox"/> – document enclosed: |
| Documentation  |   |
| Comments:  |   |
| 2. Competences – accounting skills   | <input type="checkbox"/> satisfied <span style="margin-left: 150px;"><input type="checkbox"/> not satisfied</span><br><br><input type="checkbox"/> – documented under the assessment of the supervisory board member<br>(please indicate the pertinent attachment)<br><input type="checkbox"/> – document enclosed: |
| Documentation  |   |
| Comments:  |   |
| 3. Competences – knowledge on the audit of financial statements            | <input type="checkbox"/> satisfied <span style="margin-left: 150px;"><input type="checkbox"/> not satisfied</span><br><br><input type="checkbox"/> – documented under the assessment of the supervisory board member<br>(please indicate the pertinent attachment)<br><input type="checkbox"/> – document enclosed: |
| Documentation  |   |
| Comments:  |   |
| 4. Competences – skills in the audit of financial statements               | <input type="checkbox"/> satisfied <span style="margin-left: 150px;"><input type="checkbox"/> not satisfied</span><br><br><input type="checkbox"/> – documented under the assessment of the supervisory board member<br>(please indicate the pertinent attachment)<br><input type="checkbox"/> – document enclosed: |
| Documentation  |   |
| Comments:  |   |

|   |   |
|---|---|
| <p>5. Competences – knowledge in the industry in which the public interest entity operates</p> <p>Documentation</p> <p>Comments:</p>  | <p><input type="checkbox"/>satisfied <span style="margin-left: 200px;"><input type="checkbox"/>not satisfied</span></p> <p><input type="checkbox"/> – documented under the assessment of the supervisory board member<br/>(please indicate the pertinent attachment)</p> <p><input type="checkbox"/> – document enclosed:</p> |
| <p>6. Competences – skills in the industry in which the public interest entity operates</p> <p>Documentation</p> <p>Comments:</p>   | <p><input type="checkbox"/>satisfied <span style="margin-left: 200px;"><input type="checkbox"/>not satisfied</span></p> <p><input type="checkbox"/> – documented under the assessment of the supervisory board member<br/>(please indicate the pertinent attachment)</p> <p><input type="checkbox"/> – document enclosed:</p> |
| <p>7. Independence</p> <p>Comments:</p>   | <p><input type="checkbox"/>satisfied <span style="margin-left: 200px;"><input type="checkbox"/>not satisfied</span></p>   |
| <p><b>8. Recommended actions</b></p>  |   |
| <p>1. Further to the assessment regarding the appointment of the candidate to the position, the following is recommended (pertains to a candidate to be a member of the Audit Committee):</p> | <p><input type="checkbox"/> appoint the candidate to the specified position</p> <p><input type="checkbox"/> withdraw from appointing the candidate to the position</p>  |
| <p>2. In respect of the identified deviations from the requirements or other weaknesses –</p>   | <p><input type="checkbox"/> in terms of knowledge and skills – direct to take additional courses / training sessions:</p> <p><input type="checkbox"/> other:</p>  |

|   |  |
|---|--|
| the following remedial actions are recommended <sup>4</sup> : |  |
| Date and signature of the entity's authorized representative: |  |

---

<sup>4</sup> This should be filled out if deviations are identified from the regulatory requirements making it necessary to refrain from appointing a candidate to the position; this field may also be filled out if the candidate is appointed to the position.

**Secondary Individual Assessment Form – Supervisory Board**

**SECTION 1 – to be filled out by the person undergoing assessment**

| <b>1. Identification of the person undergoing assessment</b> |  |
|--|--|
| 1. First name:   |  |
| 2. Last name:  |  |
| 3. Maiden name:  |  |
| 4. Gender <sup>1</sup> :                                     |  |
| 5. Citizenship:  |  |
| 6. Contact details (address/telephone/e-mail):               |  |

**7. Attachments to the secondary assessment form**

Attachments should be attached to the form in which the information / declarations contained in the pertinent attachments to the previous suitability assessment form have changed, been updated or become outdated<sup>2</sup>, and obligatorily, if they have not been produced under an assessment conducted in the last 12 months: the attachment pertaining to good conduct, assurance and time commitment.

|  |                          |
|--|--------------------------|
| Attachment 3.1 – education                                   | <input type="checkbox"/> |
| Attachment 3.2 – competences                                 | <input type="checkbox"/> |
| Attachment 3.3 – good conduct                                | <input type="checkbox"/> |
| Attachment 3.4 – assurance                                   | <input type="checkbox"/> |
| Attachment 3.5 – financial standing and conflict of interest | <input type="checkbox"/> |
| Attachment 3.6 – combination of functions                    | <input type="checkbox"/> |
| Attachment 3.7 – time commitment                             | <input type="checkbox"/> |

- I have the full capacity to execute legal acts.
- I declare that the data contained in the other attachments not attached to this form have not changed since the time of the prior suitability assessment dated: ..., and the declarations contained therein are still current.
- I have reviewed the data controller’s information for candidates and members of PZU SA’s corporate bodies.

|   |  |
|---|--|
| Date and signature of the person undergoing the assessment: |  |
|---|--|

**SECTION 2 – To be completed by the entity conducting the assessment**

<sup>1</sup> Obligatory field solely in the event the information is necessary to pursue the diversity policy adopted by the entity.  
<sup>2</sup> For instance, this may pertain to the performance of recommendations given after the last suitability assessment, new training sessions and studies, undertaking new obligations, the results of a new inspection, etc.



| <b>8. Information on the current position</b>                        |  |
|--|--|
| 1. Name / business name of the entity:                               |  |
| 2. Corporate body and position:                                      | Supervisory Board<br><input type="checkbox"/> Supervisory Board Chairperson<br><input type="checkbox"/> Supervisory Board Member <sup>3</sup>  |
| 3. Scope of responsibility   |  |
| <b>4. Reason for conducting the secondary suitability assessment</b> |  |
| 1. Reasons for conducting the assessment <sup>4</sup> :              | <input type="checkbox"/> periodic assessment conducted at least once a year  |
|  | <input type="checkbox"/> significant change to the rules of corporate governance in PZU affecting the content or the assessment of the satisfaction of the criteria of the Suitability Assessment  |
|  | <input type="checkbox"/> assessment prior to appointment to another term of office   |
|  | <input type="checkbox"/> a change in statutory requirements or related to the articles of association pertaining to the position   |
|  | <input type="checkbox"/> emergence of circumstances that may affect the Suitability Assessment, especially in the event of identified cases of: potential conflict of interest, criminal charges or charges in proceedings for fiscal offenses or causing significant financial losses or substantial breach of the responsibilities by Supervisory Board members, in particular in respect to Reputation, |
|  | <input type="checkbox"/> entrusting additional powers or assumption of additional functions and positions outside the Company (assessment pertaining to time commitment and conflict of interest)  |
|  | <input type="checkbox"/> regular or flagrant instances of negative secondary assessment, whether individual or collective, of management board members (assessment made with respect to the assurance given by Supervisory Board members in terms of appointing or retaining such persons in the management board)   |
| <input type="checkbox"/> other:                                      |  |
| <b>2. Last suitability assessment</b>                                |  |
| 1. Date of conducting the prior suitability assessment:              |  |

<sup>3</sup> Also pertains to the Supervisory Board Deputy Chairperson etc.

<sup>4</sup> Several reasons can be marked simultaneously.

|                              |  |   |  |                          |
|------------------------------|--|---|--|--------------------------|
| 2.                           | Type of the prior suitability assessment:  | <input type="checkbox"/> primary  |  |                          |
|                              |  | <input type="checkbox"/> secondary  |  |                          |
| 3.                           | Reason for conducting the prior secondary suitability assessment <sup>5</sup> :                    |   |  |                          |
| 4.                           | A copy of the previous suitability assessment form with attachments has been attached to the form. |   |  | <input type="checkbox"/> |
| <b>5. Assessment summary</b> |  |   |  |                          |
| 1.                           | Competences – knowledge and experience:  | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable |  |                          |
|                              |  | <input type="checkbox"/> education  |  |                          |
|                              | Comments:  |   |  |                          |
| 2.                           | Competences – skills:  | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable |  |                          |
|                              |  | <input type="checkbox"/> – skills   |  |                          |
|                              | Comments:  |   |  |                          |
| 3.                           | Competences – Polish language  | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable |  |                          |
|                              | Comments:  |   |  |                          |
| 4.                           | Assurance – good conduct:  | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied   |  |                          |
|                              |  | <input type="checkbox"/> good conduct   |  |                          |
|                              | Comments:  |   |  |                          |
| 5.                           | Assurance – reputation:  | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable |  |                          |
|                              |  | <input type="checkbox"/> assurance  |  |                          |
|                              | Comments:  |   |  |                          |
| 6.                           | Assurance – independent view –   | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable |  |                          |

<sup>5</sup> If applicable.

|  |  |
|--|--|
| conflict of interest and financial standing:<br><br>Comments:  | <input type="checkbox"/> independent view  |
| 7. Assurance – independent view – behavioral attributes:<br><br>Comments:  | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable<br><br><input type="checkbox"/> – behavioral attributes  |
| 8. Combination of functions:<br><br>Comments:  | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable<br><br><input type="checkbox"/> time commitment  |
| 9. Time commitment:<br><br>Remark:   | <input type="checkbox"/> satisfied <input type="checkbox"/> not satisfied <input type="checkbox"/> not applicable<br><br><input type="checkbox"/> combination of functions   |
| <b>10. Recommended actions</b>   |  |
| 1. Further to the assessment regarding the current position of the person undergoing assessment, the following is recommended: | <input type="checkbox"/> promptly dismiss the person undergoing assessment from the position;<br><input type="checkbox"/> suspend the person undergoing assessment until the requisite remedial means are applied;<br><input type="checkbox"/> retain the person undergoing assessment at the position;<br><input type="checkbox"/> appoint the person undergoing assessment for another term of office. |
| 2. In respect of the identified aspects requiring improvement – the following remedial actions are recommended:                | <input type="checkbox"/> in terms of the candidate’s education, experience and skills – the person undergoing assessment to be directed to take additional courses / training sessions:<br><br><input type="checkbox"/> in terms of time commitment – implement solutions to make it possible for the person undergoing assessment to ramp up his/her involvement:                                       |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"><li><input type="checkbox"/> in terms of time commitment – implement solutions to reduce the scope of required involvement of the person undergoing assessment:</li><br/><li><input type="checkbox"/> in terms of the number of positions held – person undergoing assessment’s resignation from functions held concurrently:</li><br/><li><input type="checkbox"/> in terms of a conflict of interest – eliminate the identified conflict of interest or introduce solutions to manage the conflict of interest:</li><br/><li><input type="checkbox"/> other:</li></ul> |
| <input type="checkbox"/> According to the best knowledge of the entity conducting the assessment the data contained in the other attachments not attached to this form have not changed since the time of the prior suitability assessment dated: <input type="text" value="/ /"/> , and the declarations contained therein are still current. |  |
| Date and signature of the entity’s authorized representative:  |  |

**Appendix 3.1 to the individual secondary assessment form - Supervisory Board**  
**EDUCATION**

**SECTION 1 - to be completed by a member of the governing body of the supervised entity**

**I. Information on changes since the previous assessment**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | There have been no changes to my education                          |
| <input type="checkbox"/> | I have completed the additional education specified in points II-VI |
| <input type="checkbox"/> | The following other changes have taken place:                       |
|                          |   |

**II. Higher education completed since the date of the declaration made in the previous assessment**

|                                       |  |  |                |   |                                 |   |
|---------------------------------------|--|--|----------------|---|---------------------------------|---|
| 1                                     | Name of the institution of higher education:             |  | Title awarded: |   |                                 |   |
|                                       | Faculty/organizational unit:                             |  | Course type:   | <input type="checkbox"/> full-time <input type="checkbox"/> part-time (formerly evening/extramural courses) |                                 |   |
|                                       | Field of study:  |  | Degree:        | <input type="checkbox"/> I ( <i>licencjat/inżynier</i> ) <input type="checkbox"/> II (master's degree)      |                                 |   |
|                                       | Additional information:                                  |  |                |   | Year of graduation              |   |
|                                       |  |  |                |   | Appendix - diploma <sup>1</sup> | <input type="checkbox"/> (Appendix no.) |
| Completed to remedy gaps in education | <input type="checkbox"/> yes <input type="checkbox"/> no | Date of assessment where gaps were identified: |                |   |                                 |   |

**III. Doctoral studies, scientific titles and degrees - completed/awarded from the date of the declaration made in the previous assessment**

|   |  |  |                          |  |
|---|--|--|--------------------------|--|
| 1 | Name of the institution of higher education: |  | Title or degree awarded: |  |
|---|--|--|--------------------------|--|

<sup>1</sup> Whenever reasonable, when it is not possible to present a diploma, a declaration may be submitted in its place.

|   |  |  |  |                                   |   |
|---|--|--|--|-----------------------------------|---|
|   | Field/Discipline:                      |  | Year of graduation or degree/title awarded     |                                   |   |
|   | Additional information:                |  |  | Appendix - diploma <sup>2</sup>   | <input type="checkbox"/> (Appendix no.) |
|   | Completed to remedy gaps in education  | <input type="checkbox"/> yes <input type="checkbox"/> no | Date of assessment where gaps were identified: |                                   |   |
| <b>IV. Postgraduate studies, applications, certifications and other forms of supplementary education - completed from the date of the declaration made in the previous assessment</b> |  |  |  |                                   |   |
| 1   | Name of the institution in charge:     |  | Subject:                                       |                                   |   |
|   | Title awarded/qualifications obtained: |  |  | Year of completion:               |   |
|   | Additional information:                |  |  | Appendix - diploma <sup>3</sup> : | <input type="checkbox"/> (Appendix no.) |
|   | Completed to remedy gaps in education  | <input type="checkbox"/> yes <input type="checkbox"/> no | Date of assessment where gaps were identified: |                                   |   |
| <b>V. Specialized training completed from the date of the declaration submitted as part of the previous assessment</b>  |  |  |  |                                   |   |
| 1   | Name of the institution in charge:     |  |  |                                   |   |
|   | Subject:                               |  | Year of completion:                            |                                   |   |
|   | Additional information:                |  |  | Appendix - diploma <sup>4</sup> : | <input type="checkbox"/> (Appendix no.) |
|   | Completed to remedy gaps in education  | <input type="checkbox"/> yes <input type="checkbox"/> no | Date of assessment where gaps were identified: |                                   |   |

<sup>2</sup> Whenever reasonable, when it is not possible to present a diploma, a declaration may be submitted in its place.

<sup>3</sup> Whenever reasonable, when it is not possible to present a diploma, a declaration may be submitted in its place.

<sup>4</sup> Whenever reasonable, when it is not possible to present a diploma, a declaration may be submitted in its place.

| <b>VI. Special professional qualifications acquired from the date of the declaration made in the previous assessment</b> |                                       |  |  |   |
|--|---------------------------------------|--|--|---|
| No.  | Type of qualifications                | Entry no.  | Year   | Appendix - certificate <sup>5</sup>     |
| 1  |                                       |  |  | <input type="checkbox"/> (Appendix no.) |
|  | Completed to remedy gaps in education | <input type="checkbox"/> yes <input type="checkbox"/> no | Date of assessment where gaps were identified: |   |
| Date and signature of the member of the governing body of the supervised entity:   |                                       |  |  |   |

<sup>5</sup> Whenever reasonable, when it is not possible to present a diploma, a declaration may be submitted in its place.

| SECTION 2 - to be completed by the assessing entity   |   |   |   |   |  |
|---|---|---|---|---|--|
| VII. Requirements for remedying the gaps in education |   |   |   |   |  |
| No.   | Requirement <sup>6</sup>                    | Requirement source <sup>7</sup>   | Date of requirement <sup>8</sup>  | The requirement to be met by <sup>9</sup> | Requirement status   |
| 1   |   |   |   |   | <input type="checkbox"/> complied with<br><input type="checkbox"/> non-complied with<br><input type="checkbox"/> in progress |
| VIII. Education requirements and assessment           |   |   |   |   |  |
| No.   | Requirement                                 | Requirement status  | Assessment <sup>10</sup>  |   |  |
| 2   | Higher education <sup>11</sup> :            | <input type="checkbox"/> required by law<br><input type="checkbox"/> required under the suitability policy<br><input type="checkbox"/> expected under the suitability policy<br><input type="checkbox"/> not required | <input type="checkbox"/> complied with<br><input type="checkbox"/> non-complied with<br><input type="checkbox"/> waived due to: |   |  |
| 3   | Education in a specific field (what kind?): | <input type="checkbox"/> required by law<br><input type="checkbox"/> required under the suitability policy<br><input type="checkbox"/> expected under the suitability policy  | <input type="checkbox"/> complied with<br><input type="checkbox"/> non-complied with<br><input type="checkbox"/> waived due to: |   |  |

<sup>6</sup> A manner of remedying educational gaps, e.g. through additional training, courses, post-graduate or other studies, identified in a previous suitability assessment by the supervised entity or by the supervisory authority as part of its supervisory activities.

<sup>7</sup> For example, a previous suitability assessment by a supervised entity from which the requirement is derived.

<sup>8</sup> Date of imposing the requirement.

<sup>9</sup> The date by which, at the latest, a requirement is due to be met by member of the governing body, i.e. to take a certain training, course or obtain the relevant certificate.

<sup>10</sup> To be filled in as long as an option other than "not required" is selected in the "requirement status" field.



Appendix 3.1 - Education

|  |        |   |   |
|--|--------|---|---|
|  |        | <input type="checkbox"/> not required   |   |
| 4  | Other: | <input type="checkbox"/> required by law<br><input type="checkbox"/> required under the suitability policy<br><input type="checkbox"/> expected under the suitability policy<br><input type="checkbox"/> not required | <input type="checkbox"/> complied with<br><input type="checkbox"/> non-complied with<br><input type="checkbox"/> waived due to: |
| Date and signature of the authorized representative of the entity: |        |   |   |

**Attachment 3.2 to the secondary individual assessment form – Supervisory Board  
COMPETENCES (secondary assessment)**

| <b>1. Management competences in a regulated entity</b> |   |  |  |  |  |
|--|---|--|--|--|--|
| No.  | Competence Description  | Has your level of competence changed since the date of your appointment / last assessment (self-assessment) <sup>1</sup> | Has the level of competence of the member of the corporate body changed since the date of appointment / last assessment in the opinion of the regulated entity (assessment conducted by the entity) <sup>2</sup> | Has the level required by the entity changed since the date of appointment / last assessment (level required by the entity) <sup>3</sup> | Assessment of satisfying the requirements <sup>4</sup>                       |
| 1.   | Familiarity with the market<br>The member of the corporate body is familiar with the financial market | <input type="checkbox"/> NO<br><input type="checkbox"/> YES  | <input type="checkbox"/> NO<br><input type="checkbox"/> YES  | <input type="checkbox"/> NO<br><input type="checkbox"/> YES  | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

<sup>1</sup> Select one of the options and add the justification for the candidate’s self-assessment, considering in particular vocational and scientific accomplishments

<sup>2</sup> Select one of the options and add a justification, especially if the assessment differs from the self-assessment of the member of the corporate body.

<sup>3</sup> Select one of the options.

<sup>4</sup> If the value in the field “assessment conducted by the entity” is equal to or higher than the value in the field “level required by the entity”, select the option “satisfied”; otherwise select the option “not satisfied”.

|    |   |  |   |  |   |
|----|---|--|---|--|---|
|    | in general, with special emphasis on the sector in which the regulated entity operates and with special emphasis on familiarity with the Polish market.   | <p><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>  | <p><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>  | <p><i>If the response “YES” is marked, please state the current level of competence (level required by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>   |   |
| 2. | <p><b>Familiarity with the legal requirements and regulatory framework</b></p> <p>The member of the corporate body is familiar with the regulations, the recommendations of the regulatory authority and the best practices governing business in the financial market sector in which the regulated entity operates.</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the currently required level of competence (level required by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> satisfied<br/> <input type="checkbox"/> not satisfied</p> |
| 3. |   | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p>   | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p>  | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p>   |   |

|    |  |   |  |  |  |
|----|--|---|--|--|--|
|    | <p><b>Strategic planning (possession of management skills)</b><br/>The member of the corporate body grasps the institution’s business strategy / business plan and is capable of implementing it.</p>  | <p><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/><input type="checkbox"/> Average<br/><input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>   | <p><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/><input type="checkbox"/> Average<br/><input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>   | <p><i>If the response “YES” is marked, please state the current level of competence (level required by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/><input type="checkbox"/> Average<br/><input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>   | <p><input type="checkbox"/> satisfied<br/><input type="checkbox"/> not satisfied</p> |
| 4. | <p><b>Familiarity with the management system, including risk management</b><br/>The member of the corporate body grasps risk management methodology – identifying, assessing, monitoring, controlling and mitigating the main types of risk applicable to the institution.</p> | <p><input type="checkbox"/> NO<br/><input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/><input type="checkbox"/> Average<br/><input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/><input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/><input type="checkbox"/> Average<br/><input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/><input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (level required by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/><input type="checkbox"/> Average<br/><input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> satisfied<br/><input type="checkbox"/> not satisfied</p> |
| 5. | <p><b>Accounting and financial audit</b></p>   | <p><input type="checkbox"/> NO<br/><input type="checkbox"/> YES</p>   | <p><input type="checkbox"/> NO<br/><input type="checkbox"/> YES</p>  | <p><input type="checkbox"/> NO<br/><input type="checkbox"/> YES</p>  |  |

|           |   |  |   |   |   |
|-----------|---|--|---|---|---|
|           | <p>The member of the corporate body possesses current knowledge on accounting, accounting standards and financial audit.</p>  | <p><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>  | <p><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>  | <p><i>If the response “YES” is marked, please state the current level of competence (level required by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>  | <p><input type="checkbox"/> satisfied<br/> <input type="checkbox"/> not satisfied</p> |
| <p>6.</p> | <p><b>Oversight, control and internal audit</b><br/> The member of the corporate body grasps the principles and standards of the audit and internal control system.</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (level required by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> satisfied<br/> <input type="checkbox"/> not satisfied</p> |
| <p>7.</p> |   | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p>   | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p>  | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p>  |   |

|    |   |  |   |   |   |
|----|---|--|---|---|---|
|    | <p><b>Intpretation of financial information (possession of finance and accounting skills)</b><br/>                 The member of the corporate body is capable of interpreting financial data and accounting data, is capable of analyzing and drawing conclusions on the basis of the data presented as required for management in the entity while simultaneously taking the market situation into account.</p> | <p><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>  | <p><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>  | <p><i>If the response “YES” is marked, please state the current level of competence (level required by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>  | <p><input type="checkbox"/> satisfied<br/> <input type="checkbox"/> not satisfied</p> |
| 8. | <p><b>Possession of insurance skills</b><br/>                 The member of the corporate body is capable of interpreting insurance information, is capable of analyzing and drawing conclusions on the basis of the data presented as required for management in the entity while simultaneously taking the market situation into account.</p>   | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (level required by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> satisfied<br/> <input type="checkbox"/> not satisfied</p> |
| 9. | <p><b>Possession of actuarial skills</b></p>  | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p>   | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p>  | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p>  |   |

|            |   |  |   |  |   |
|------------|---|--|---|--|---|
|            | <p>The member of the corporate body grasps the significance and the role of the actuarial function in the entity; is capable of analyzing data and interpreting information while giving consideration to the entity’s strategy and market situation.</p>   | <p><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>  | <p><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>  | <p><i>If the response “YES” is marked, please state the current level of competence (level required by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p>   | <p><input type="checkbox"/> satisfied<br/> <input type="checkbox"/> not satisfied</p> |
| <p>10.</p> | <p><b>Polish language proficiency</b><br/> The member of the corporate body has proven Polish language proficiency, communicates effectively in Polish with employees (on everyday and industry-related topics), grasps the topics discussed during a meeting of the corporate body; is capable of using the Polish language in presentations and addresses during conferences, workshops and key meetings.</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES</p> <p><i>If the response “YES” is marked, please state the currently required level of competence (level required by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> satisfied<br/> <input type="checkbox"/> not satisfied</p> |

|            |                            |  |   |   |   |
|------------|----------------------------|--|---|---|---|
| <p>11.</p> | <p>Other (which ones):</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES<br/> <i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES<br/> <i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> NO<br/> <input type="checkbox"/> YES<br/> <i>If the response "YES" is marked, please state the current level of competence (level required by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> satisfied<br/> <input type="checkbox"/> not satisfied</p> |
|------------|----------------------------|--|---|---|---|



| 12. Competences in managing the risks in the regulated entity's business |                        |   |  |  |  |
|--|------------------------|---|--|--|--|
| No.  | Competence Description | Has your level of competence changed since the date of your appointment / last assessment (self-assessment) <sup>5</sup>  | Has the level of competence of the member of the corporate body changed since the date of appointment / last assessment in the opinion of the regulated entity (assessment conducted by the entity) <sup>6</sup>   | Has the level required by the entity changed since the date of appointment / last assessment (level required by the entity) <sup>7</sup>   | Assessment of satisfying the requirements <sup>8</sup>                       |
| 1.   | Risk <sup>9</sup>      | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (level required by the entity)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

<sup>5</sup> Select one of the options and add the justification for the candidate's self-assessment, considering in particular vocational and scientific accomplishments

<sup>6</sup> Select one of the options and add a justification, especially if the assessment differs from the self-assessment of the candidate.

<sup>7</sup> Select one of the options.

<sup>8</sup> If the value in the field "assessment conducted by the entity" is equal to or higher than the value in the field "level required by the entity", select the option "satisfied"; otherwise select the option "not satisfied".

<sup>9</sup> Risks in the regulated entity's business: risks ensuing from the insurance undertaking's business profile, including actuarial risk, market risk, credit risk, liquidity risk, operational risk and other significant risks for the insurance undertaking.

| 2. Competences in managing the main areas in the regulated entity's business |                        |   |  |  |  |
|--|------------------------|---|--|--|--|
| No.  | Competence Description | Has your level of competence changed since the date of your appointment / last assessment (self-assessment) <sup>10</sup>   | Has the level of competence of the member of the corporate body changed since the date of appointment / last assessment in the opinion of the regulated entity (assessment conducted by the entity) <sup>11</sup>  | Has the level required by the entity changed since the date of appointment / last assessment (level required by the entity) <sup>12</sup>  | Assessment of satisfying the requirements <sup>13</sup>                      |
| 1.   | Line of business       | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (level required by the entity)</i><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

<sup>10</sup> Select one of the options and add the justification for the candidate's self-assessment, considering in particular vocational and scientific accomplishments

<sup>11</sup> Select one of the options and add a justification, especially if the assessment differs from the self-assessment of the candidate.

<sup>12</sup> Select one of the options.

<sup>13</sup> If the value in the field "assessment conducted by the entity" is equal to or higher than the value in the field "level required by the entity", select the option "satisfied"; otherwise select the option "not satisfied".

| 2. Personal competences |   |   |   |   |  |
|-------------------------|---|---|---|---|--|
| No.                     | Competence Description  | Has your level of competence changed since the date of your appointment / last assessment (self-assessment) <sup>14</sup> | Has the level of competence of the member of the corporate body changed since the date of appointment / last assessment in the opinion of the regulated entity (assessment conducted by the entity) <sup>15</sup> | Has the level required by the entity changed since the date of appointment / last assessment (level required by the entity) <sup>16</sup> | Assessment of satisfying the requirements <sup>17</sup>                      |
| 1.                      | <p><b>Authenticity</b></p> <p>The words and actions of the member of the corporate body are consistent and his/her conduct is consistent with the values and convictions he/she espouses. The candidate openly states his/her intentions, ideas and opinions, encourages the community to be open and frank and correctly advises his/her boss of the factual situation, thereby recognizing existing risks and difficulties.</p> | Not applicable  | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><br>Justification:   | Not applicable  | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

<sup>14</sup> Select one of the options and add the justification for the member of the corporate body’s self-assessment, considering in particular vocational and scientific accomplishments

<sup>15</sup> Select one of the options and add a justification, especially if the assessment differs from the self-assessment of the candidate.

<sup>16</sup> Select one of the options.

<sup>17</sup> If the value in the field “assessment conducted by the entity” is equal to or higher than the value in the field “level required by the entity”, select the option “satisfied”; otherwise select the option “not satisfied”.

|    |   |   |  |  |  |
|----|---|---|--|--|--|
| 2. | <p><b>Language</b><br/>The member of the corporate body is capable of communicating orally in an organized and conventional manner and of writing in his/her mother tongue or the language used at work in the place where the institution is located.</p>  | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 3. | <p><b>Firmness</b><br/>The member of the corporate body makes decisions on a timely basis on the basis of the available information, acting quickly or in accordance with the specific method of action, for example expressing his/her views and not deferring the time of decision-making.</p>  | <p>Not applicable</p>   | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><br>Justification:  | <p>Not applicable</p>  | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 4. | <p><b>Communication</b><br/>The member of the corporate body is capable of conveying information in an understandable and socially acceptable manner and in the appropriate form. He/she focuses on conveying and obtaining clear and transparent information and encourages active feedback.</p> | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

|    |   |   |  |  |  |
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| 5. | <p><b>View</b><br/>The member of the corporate body is capable of making an accurate assessment of information and various methods of operation and reaches logical conclusions. He/she checks, investigates and grasps significant issues. He/she possesses the skill of making a holistic assessment of the situation transcending the perspective of the position held, especially when solving problems that may pose a threat to business continuity.</p>  | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>Lack<br/><input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High<br/><input type="checkbox"/>Very high</p> | <p><input type="checkbox"/>satisfied<br/><input type="checkbox"/>not satisfied</p> |
| 6. | <p><b>Cares about clients and high standards</b><br/>The member of the corporate body focuses on ensuring high standards and, if possible, finding methods of augmenting them. In particular: refuses to consent to developing and marketing products and services and incurring capital expenditures in circumstances in which he/she is not able to measure risk appropriately in connection with a lack of understanding concerning the structure, principles or basic assumptions underpinning the proposed solution. Identifies and investigates clients’ needs and expectations and provides for conveying information to clients that is correct, complete and understandable. Gives special consideration to the value of the product to the client and the product’s adequacy and suitability.</p> | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response “YES” is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response “YES” is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>Lack<br/><input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High<br/><input type="checkbox"/>Very high</p> | <p><input type="checkbox"/>satisfied<br/><input type="checkbox"/>not satisfied</p> |

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| 7. | <p><b>Leadership skills</b><br/>The member of the corporate body points out the directions of activity and provides leadership, supports team work, motivates employees and ensures that they have the appropriate professional competences to perform their functions or that are necessary to achieve the intended objectives. Is open to criticism and ensures the conduct of constructive debate.</p> | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/><input type="checkbox"/> Average<br/><input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/><input type="checkbox"/> Average<br/><input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> Lack<br/><input type="checkbox"/> Basic<br/><input type="checkbox"/> Average<br/><input type="checkbox"/> High<br/><input type="checkbox"/> Very high</p> | <p><input type="checkbox"/>satisfied<br/><input type="checkbox"/>not satisfied</p> |
| 8. | <p><b>Loyalty</b><br/>The member of the corporate body identifies with the organization and demonstrates engagement. Shows that he/she is capable of devoting enough time to work and is capable of performing his/her duties appropriately, defends the interests of the organization and acts objectively and critically. Recognizes and anticipates prospective conflicts of interest.</p>             | <p>Not applicable</p>  | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES</p> <p>Justification:</p>   | <p>Not applicable</p>   | <p><input type="checkbox"/>satisfied<br/><input type="checkbox"/>not satisfied</p> |

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| <p>9.</p>  | <p><b>External awareness</b><br/>                 The member of the corporate body monitors on an ongoing basis the state of the organization, its balance of power and the accepted operating methods. He/she is well aware of the economic situation in the country and around the world (including financial, economic and social development), which may exert an influence on the organization and the interests of various entities. At the same time, the candidate is capable of effectively using this information.</p> | <p><input type="checkbox"/>NO<br/> <input type="checkbox"/>YES<br/> <i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>NO<br/> <input type="checkbox"/>YES<br/> <i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> Lack<br/> <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High<br/> <input type="checkbox"/> Very high</p> | <p><input type="checkbox"/>satisfied<br/> <input type="checkbox"/>not satisfied</p> |
| <p>10.</p> | <p><b>Negotiations</b><br/>                 The member of the corporate body identifies and discloses interests in a manner that aims to achieve consensus in striving to achieve negotiating goals.</p>   | <p><input type="checkbox"/>NO<br/> <input type="checkbox"/>YES<br/> <i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>NO<br/> <input type="checkbox"/>YES<br/> <i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/> Lack    <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High    <input type="checkbox"/> Very high</p> <p>Justification:</p> | <p><input type="checkbox"/> Lack<br/> <input type="checkbox"/> Basic<br/> <input type="checkbox"/> Average<br/> <input type="checkbox"/> High<br/> <input type="checkbox"/> Very high</p> | <p><input type="checkbox"/>satisfied<br/> <input type="checkbox"/>not satisfied</p> |

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| <p>11.</p> | <p><b>Persuasion</b><br/>The member of the corporate body is capable of influence others' opinions by using his/her gift of persuasion and natural authority and tactfulness. He/she has a strong personality and the skill of remaining firm.</p> | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>Lack<br/><input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High<br/><input type="checkbox"/>Very high</p> | <p><input type="checkbox"/>satisfied<br/><input type="checkbox"/>not satisfied</p> |
| <p>12.</p> | <p><b>Team work</b><br/>The member of the corporate body is aware of the group's interests and contributes to achieving the common goal; is capable of functioning as part of the group.</p>   | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>Lack<br/><input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High<br/><input type="checkbox"/>Very high</p> | <p><input type="checkbox"/>satisfied<br/><input type="checkbox"/>not satisfied</p> |



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| 13. | <p><b>Strategic skills</b><br/>The member of the corporate body is capable of creating and developing realistic plans and strategies concerning future growth (by pursuing scenario analysis among other methods), which translates into the skill of setting long-term goals. Duly incorporates the risk to which the organization is exposed and takes the right steps to manage this risk.</p> | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>Lack<br/><input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High<br/><input type="checkbox"/>Very high</p> | <p><input type="checkbox"/>satisfied<br/><input type="checkbox"/>not satisfied</p> |
| 14. | <p><b>Resilience to stress</b><br/>The member of the corporate body is resilient to stress and is capable of acting logically even in the face of major pressure and in times of uncertainty.</p>   | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES<br/><i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i></p> <p><input type="checkbox"/>Lack    <input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High    <input type="checkbox"/>Very high</p> <p>Justification:</p> | <p><input type="checkbox"/>Lack<br/><input type="checkbox"/>Basic<br/><input type="checkbox"/>Average<br/><input type="checkbox"/>High<br/><input type="checkbox"/>Very high</p> | <p><input type="checkbox"/>satisfied<br/><input type="checkbox"/>not satisfied</p> |
| 15. | <p><b>Feeling of responsibility</b><br/>The member of the corporate body grasps internal and external determinants, assesses them diligently and takes them into account. Is capable of drawing conclusions and is aware of how his/her actions influence the interests of interested parties.</p>  | <p>Not applicable</p>   | <p><input type="checkbox"/>NO<br/><input type="checkbox"/>YES</p> <p>Justification:</p>  | <p>Not applicable</p>  | <p><input type="checkbox"/>satisfied<br/><input type="checkbox"/>not satisfied</p> |

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| 16. | <p><b>Presiding over meetings</b><br/>The member of the corporate body is capable of effectively and efficiently presiding over meetings, creating an atmosphere of openness and encouraging everyone to take part on equal footing; is oriented when it comes to the tasks and duties of the other persons.</p> | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |
| 17. | <p><b>Other (which ones):</b></p>  | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (self-assessment)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><i>If the response "YES" is marked, please state the current level of competence (assessment conducted by the entity)</i><br><br><input type="checkbox"/> Lack <input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High <input type="checkbox"/> Very high<br><br>Justification: | <input type="checkbox"/> Lack<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Average<br><input type="checkbox"/> High<br><input type="checkbox"/> Very high | <input type="checkbox"/> satisfied<br><input type="checkbox"/> not satisfied |

|   |  |
|---|--|
| Date and signature of the candidate:                          |  |
| Date and signature of the entity's authorized representative: |  |



**Attachment 3.3 to the secondary individual evaluation form – Supervisory Board  
GOOD CONDUCT**

**SECTION 1 – to be completed by a member of a corporate body of the insurance undertaking**

**I. Good conduct**

|  |                          |
|--|--------------------------|
| A certificate <sup>1</sup> of no criminal record for intentional offenses or intentional fiscal offenses has been attached to the evaluation form. | <input type="checkbox"/> |
|--|--------------------------|

|   |                          |
|---|--------------------------|
| <b>DECLARATION<sup>2</sup>:</b><br>I declare that I have/have not <sup>3</sup> been convicted for an intentional offense or an intentional fiscal offense confirmed by a final non-appealable court judgment. | <input type="checkbox"/> |
|---|--------------------------|

**II. Criminal proceedings**

|  |                          |
|--|--------------------------|
| There are no pending criminal proceedings against me and since the date of the declaration submitted under the previous evaluation there have been no such criminal proceedings before Polish or foreign judicial authorities. | <input type="checkbox"/> |
|--|--------------------------|

|   |                          |
|---|--------------------------|
| There are pending criminal proceedings against me or since the date of the declaration submitted under the previous evaluation the following criminal proceedings have been pending against me: | <input type="checkbox"/> |
|   |                          |

| No. | Attachments |
|-----|-------------|
| 1.  |             |

I am aware<sup>3</sup> of the criminal liability for submitting a false declaration in accordance with Article 233 of the Criminal Code.

|  |  |
|--|--|
| Date and signature of a member of a corporate body of the insurance undertaking: |  |
|--|--|

<sup>1</sup> A certificate issued by the National Criminal Register and, in respect of foreigners, also by the competent authorities of their country of residence, should be submitted no later than 3 months from the date of issue.

<sup>2</sup> If a certificate of no criminal record has been submitted, no declaration is required.

<sup>3</sup> Delete as applicable.

**SECTION 2 – To be completed by the evaluator**

**III. Summary of the entity's evaluation**

The information provided by the member of a corporate body of the insurance undertaking in this form has an unfavorable impact on the evaluation of his/her good conduct record in terms of suitability for performing the function of member of a corporate body of the regulated entity.

yes

no

Date and signature of the entity's authorized representative:

**Appendix 3.4 to the individual secondary assessment form - Supervisory Board  
WARRANTY**

**SECTION 1 - to be completed by a member of the insurance company governing body**

**I. Administrative sanctions against a member of an insurance company governing body**

During the period from the date of the declaration made in the previous assessment:

no administrative sanction was imposed on me.

the following administrative sanctions were imposed on me:

*If the answer is affirmative, please state what case the imposed administrative sanctions were related to, to the activities of what entity they were related and in connection with which function they were imposed, as well as what they involved and what the effect of their application was.*

**II. Administrative sanctions imposed on other entities**

During the period from the date of the declaration made in the previous assessment:

no administrative sanction was imposed on other entities with respect to my responsibilities.

the following administrative sanctions were imposed on other entities with respect to my responsibilities:

*If the answer is affirmative, please state what case the imposed administrative sanctions were related to, to the activities of what entity they were related and in connection with what function you held they were imposed, as well as what they involved and what the effect of their application was.*

**III. Supervisory measures against a member of an insurance company governing body**

During the period from the date of the declaration made in the previous assessment:

no supervisory measures were taken against me by the competent financial supervisory authorities or similar actions of other authorized entities under separate laws in connection with irregularities in the activities of entities subject to the supervision of these supervisory authorities in which I am or was a member of the governing body.

the following supervisory measures were taken against me by the competent financial supervisory authorities or similar actions of other authorized entities under separate laws in connection with irregularities in the activities of entities subject to the supervision of these supervisory authorities in which I am or was a member of the governing body:

*If the answer is affirmative, please state what case the imposed supervisory measures were related to, to the activities of what entity they were related and in connection with which function they were imposed, as well as what they involved and what the effect of their application was.*

|  |                          |
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|  |                          |
| <b>IV. Supervisory measures against other entities</b>   |                          |
| During the period from the date of the declaration made in the previous assessment, with respect to other entities and in connection with my responsibilities:   |                          |
| no supervisory measures were taken by the competent financial supervisory authorities or similar actions of other authorized entities under separate laws with respect to entities in which I hold or held shares equal to or exceeding 10% of the total number of votes at the general meeting or in the share capital, or with respect to which I am or was a parent entity, in connection with irregularities in the activities of these entities, if these entities carry out or carried out activities subject to supervision by the competent supervisory authority in the country of their headquarters.  | <input type="checkbox"/> |
| the following supervisory measures were taken by the competent financial supervisory authorities or similar actions of other authorized entities under separate laws with respect to entities in which I hold or held shares equal to or exceeding 10% of the total number of votes at the general meeting or in the share capital, or with respect to which I am or was a parent entity, in connection with irregularities in the activities of these entities, if these entities carry out or carried out activities subject to supervision by the competent supervisory authority in the country of their headquarters:<br><i>If the answer is affirmative, please state what case the imposed supervisory measures were related to, to the activities of what entity they were related and in connection with which function you hold they were imposed, as well as what they involved and what the effect of their application was.</i> | <input type="checkbox"/> |
| <b>V. Legal proceedings in connection with a business case</b>   |                          |
| During the period from the date of the declaration made in the previous assessment:  |                          |
| there were nor are no legal proceedings pending against me in connection with a business case.   | <input type="checkbox"/> |
| there were or are legal proceedings pending against me in connection with a business case.<br><i>If the answer is affirmative, please provide the type of case(s), the entities involved (plaintiffs, participants, etc.), and the subject matter of the case(s) (type, nature and amount of claim, challenged behavior):</i>  | <input type="checkbox"/> |
| <b>VI. Conducting business without the required decision</b>   |                          |
| During the period from the date of the declaration made in the previous assessment:  |                          |
| I did not carry out financial market activities without the required decision in a situation where such activities required a decision by the competent authority.   | <input type="checkbox"/> |
| I carried out financial market activities without the required decision in a   | <input type="checkbox"/> |

|  |                          |
|--|--------------------------|
| <p>situation where such activities required a decision by the competent authority:<br/> <i>If the answer is affirmative, please provide the circumstances of the incident and a resolution, if any, in administrative, pre-trial or judicial proceedings regarding the act committed.</i></p>  |                          |
| <p><b>VII. Using the financial system for money laundering</b></p>   |                          |
| <p>During the period from the date of the declaration made in the previous assessment:</p>   |                          |
| <p>I did not commit the acts referred to in Article 1(3) of Directive (EU) 2015/849 of the European Parliament and of the Council of 20 May 2015 on the prevention of the use of the financial system for the purpose of money laundering or terrorist financing (OJ L.2015.141/73).</p>   | <input type="checkbox"/> |
| <p>I committed the acts referred to in Article 1(3) of Directive (EU) 2015/849 of the European Parliament and of the Council of 20 May 2015 on the prevention of the use of the financial system for the purpose of money laundering or terrorist financing (OJ L.2015.141/73).<br/> <i>If the answer is affirmative, please provide the circumstances of the incident and a resolution, if any, in administrative, pre-trial or judicial proceedings regarding the act committed.</i></p> | <input type="checkbox"/> |
| <p><b>VIII. Civil law claims in connection with respect to the performance of managerial functions</b></p>   |                          |
| <p>During the period from the date of the declaration made in the previous assessment:</p>   |                          |
| <p>there were no civil law claims filed against me nor final and unappealable decisions on civil law claims made against me with respect to the performance of managerial functions in business entities.</p>  | <input type="checkbox"/> |
| <p>there were civil law claims filed against me and final and unappealable decisions on civil law claims made against me with respect to the performance of managerial functions in business entities.<br/> <i>If the answer is affirmative, please state the activity of which entity the claim pertained to, the basis and circumstances of the filing of the claim, as well as the amount of the claim and what behavior each of the claims pertained to.</i></p>                       | <input type="checkbox"/> |
| <p><b>IX. Judicial, disciplinary or enforcement proceedings - other than those included above</b></p>  |                          |
| <p>During the period from the date of the declaration made in the previous assessment:</p>   |                          |
| <p>I am not and I was not a party in legal proceedings that may have or may have had an adverse effect on my financial situation, or in disciplinary or enforcement proceedings.</p>   | <input type="checkbox"/> |
| <p>I am or I was a party in legal proceedings that may have or may have had an adverse effect on my financial situation, or in disciplinary or enforcement proceedings (list accordingly):.</p>  | <input type="checkbox"/> |



|   |                          |
|---|--------------------------|
|   |                          |
| <b>X. Financial liability of the employee</b>   |                          |
| During the period from the date of the declaration made in the previous assessment:   |                          |
| I did not cause damage for which I would be financially liable under the rules of the Labor Code at my current job(s).  | <input type="checkbox"/> |
| I caused damage for which I was financially liable under the rules of the Labor Code at my current job(s) (list accordingly):   | <input type="checkbox"/> |
|   |                          |
| <b>XI. Prohibition on holding a particular position, practicing a particular profession or conducting a particular business activity</b>  |                          |
| During the period from the date of the declaration made in the previous assessment:   |                          |
| no punitive measure prohibiting me from holding a certain position, practicing a certain profession or conducting a certain business activity was ordered against me.   | <input type="checkbox"/> |
| a punitive measure prohibiting me from holding a certain position, practicing a certain profession or conducting a certain business activity was ordered against me (list accordingly):   | <input type="checkbox"/> |
|   |                          |
| <b>XII. Refusal to obtain approval or authorization</b>   |                          |
| During the period from the date of the declaration made in the previous assessment:   |                          |
| no authorization or approval was denied with respect to the activities I perform or I am planning to perform, or the functions I hold in an entity that is active in the financial market.  | <input type="checkbox"/> |
| an authorization or approval was denied with respect to the activities I perform or I am planning to perform, or the functions I hold in an entity that is active in the financial market, in the following circumstances (list accordingly): | <input type="checkbox"/> |
|   |                          |
| <b>XIII. Withdrawal of approval or authorization</b>  |                          |
| During the period from the date of the declaration made in the previous assessment:   |                          |
| no authorization or approval was withdrawn with respect to my activities or function in an entity active in the financial market.   | <input type="checkbox"/> |
| an authorization or approval was withdrawn with respect to my activities or function in an entity active in the financial market, in the following circumstances (list accordingly):  | <input type="checkbox"/> |
|   |                          |
| <b>XIV. Liquidation, bankruptcy, restructuring and rescue proceedings</b>   |                          |
| During the period from the date of the declaration made in the previous assessment:   |                          |
| there are no and there were no liquidation, bankruptcy, rescue or   | <input type="checkbox"/> |

|  |                          |
|--|--------------------------|
| restructuring proceedings pending against entities in which I hold or held managerial functions or in which I hold or held an interest equal to or exceeding 10% of the total number of votes at the general meeting or in the share capital, or for which I am or I was a parent entity.  |                          |
| the following liquidation, bankruptcy, rescue or restructuring proceedings are or were pending against entities in which I hold or held managerial functions or in which I hold or held an interest equal to or exceeding 10% of the total number of votes at the general meeting or in the share capital, or for which I am or I was a parent entity (list accordingly):  | <input type="checkbox"/> |
|  |                          |
| <b>XV. Bankruptcy declaration - business activity</b>  |                          |
| During the period from the date of the declaration made in the previous assessment:  |                          |
| with respect to me as a sole trader, no bankruptcy was declared nor final and unappealable decision to dismiss a bankruptcy petition was made, because the debtor's assets were insufficient to cover the costs of the proceedings.  | <input type="checkbox"/> |
| with respect to me as a sole trader, bankruptcy was declared or final and unappealable decision to dismiss a bankruptcy petition was made, because the debtor's assets were insufficient to cover the costs of the proceedings.<br><i>If the answer is affirmative, please provide your business objects and explain the reasons for insolvency:</i>   | <input type="checkbox"/> |
|  |                          |
| <b>XVI. Bankruptcy declaration - a natural person</b>  |                          |
| During the period from the date of the declaration made in the previous assessment:  |                          |
| with respect to me as a natural person not engaged in business operations no bankruptcy was declared or no final and unappealable decision to dismiss bankruptcy petition was made against me as a natural person not engaged in business operations for the reasons specified in Article 491 <sup>4</sup> of the Act of 28.02.2003. - Bankruptcy Law (consolidated version: Journal of Laws of 2019 item 498, as amended);                                      | <input type="checkbox"/> |
| bankruptcy was declared against me as a natural person not engaged in business operations or a final and unappealable decision was made to dismiss the bankruptcy petition for the reasons specified in Article 491 <sup>4</sup> of the Act of 28.02.2003. - Bankruptcy Law (consolidated version: Journal of Laws of 2019 item 498, as amended);<br><i>If the answer is affirmative, please provide the circumstances regarding the reasons for insolvency:</i> | <input type="checkbox"/> |
|  |                          |
| <b>XVII. Register of debtors</b>   |                          |
| During the period from the date of the declaration made in the previous assessment:  |                          |

|   |  |                          |
|---|--|--------------------------|
| I was not, as a natural person, entered in the register of debtors.   |  | <input type="checkbox"/> |
| I was, as a natural person, entered in the register of debtors.<br><i>If the answer is affirmative, please provide the grounds for the entry:</i>   |  | <input type="checkbox"/> |
|   |  |                          |
| <b>XVIII. Discharge of duties</b>   |  |                          |
| During the period from the date of the declaration made in the previous assessment:   |  |                          |
| with respect to my holding functions in the governing or supervisory bodies of commercial companies, I was always discharged of my duties inherent in the functions I held.   |  | <input type="checkbox"/> |
| with respect to my holding functions in the governing or supervisory bodies of commercial companies, I was not discharged of my duties inherent in the functions I held.<br><i>Please provide the name(s) of the company(ies), the address of the headquarters, the object of the enterprise and the type of function held, as well as an indication of the reason of the absence of discharge of duties:</i> |  | <input type="checkbox"/> |
|   |  |                          |
| I confirm the declarations made in this form and I am aware of the criminal liability for making a false statement under Article 233 of the Criminal Code.  |  |                          |
| Date and signature of a member of insurance company governing body:   |  |                          |

| <b>SECTION 2 - to be completed by the assessing entity</b>   |   |
|--|---|
| <b>XIX. A member of the governing body discharging of their duties</b>   |   |
| Serving as a member of the governing body, the person subject to the assessment performs / does not perform <sup>1</sup> the duties entrusted to them, in particular, the duty of proper and prudent management of the insurance company, in accordance with the requirements arising from the provisions of the Insurance and Reinsurance Activity Act (UDUiR) and the guidelines and recommendations of the KNF.<br>Description and assessment comments: |   |
|  |   |
| <b>XX. Membership of committees</b>  |   |
| 1.   | The person subject to assessment is a member of a committee operating inside the entity:  |
|  | Committee duties:   |
|  | The person subject to assessment performs/does not perform <sup>2</sup> their duties within the aforementioned committee.<br>Description and assessment comments: |
|  |   |
| <b>XXI. Irregularities related to the duties/responsibilities of a member of an insurance company governing body found during audit<sup>2</sup></b>  |   |
| 2.   | The entity carrying out the control:  |
|  | Control deadline:   |
|  | Date of control:  |
|  | Scope of control:   |
|  | The scope of responsibility of a member of the insurance company governing body as of the date of the audit:  |
|  | Identified irregularities in the duties/responsibilities of a member of an  |

<sup>1</sup> Delete as necessary.

<sup>2</sup> Refers to control activities related to the member's function in the supervised entity that carries out the assessment; includes internal audits and controls, audits by third party entities, inspections by administrative bodies (excluding KNF); the analysis should cover the period from the date of the last assessment.

|  |   |                             |
|--|---|-----------------------------|
|  | insurance company governing body:   |                             |
|  | Actions of a member of the insurance company governing body related to the elimination of irregularities                  |                             |
| <b>XXII. Irregularities related to the duties/responsibilities of a member of an insurance company governing body found as a result of supervisory activities carried out by the supervisory authority</b> |   |                             |
| 1.   | Type of supervisory action:   |                             |
|  | Date of supervisory action:   |                             |
|  | Timelines covered by supervisory action:  |                             |
|  | Scope of supervisory action:  |                             |
|  | The scope of responsibility of a member of the insurance company governing body as of the date of the supervisory action: |                             |
|  | Identified irregularities in the duties/responsibilities of a member of an insurance company governing body:              |                             |
|  | Actions of a member of the insurance company governing body related to the elimination of irregularities:                 |                             |
| <b>XXIII. Entry on the list of public warnings</b>   |   |                             |
| Is the member of the insurance company governing body entered on the list of public warnings maintained by the KNF?  | <input type="checkbox"/> yes  | <input type="checkbox"/> no |
| <b>XXIV. Summary of the assessment by the supervised entity</b>  |   |                             |
| The information provided in this form adversely affects the assessment of their warranting the suitability to serve as a member of   | <input type="checkbox"/> yes  |                             |

|  |                             |
|--|-----------------------------|
| the body of a supervised entity.                                   | <input type="checkbox"/> no |
| Date and signature of the authorized representative of the entity: |                             |

**Appendix 3.5 to the individual secondary assessment form - Supervisory Board  
CONFLICT OF INTEREST**

**SECTION 1 - to be completed by the candidate**

| <b>I. Candidate declarations</b>  |   |   |
|---|---|---|
| During the period from the date of the declaration made in the previous assessment:   | Conflict of interest <sup>1</sup>                           |   |
| I directly or indirectly acquired shares in a commercial company or the right to appoint at least one member of its management board, and the company is engaged in activities competitive with the entity in which I serve.  | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| I directly or indirectly acquired shares in another business entity (e.g., mutual insurance company, cooperative bank, cooperative savings and credit union) or the right to appoint at least one member of its management board, and the entity is engaged in activities competitive to the entity in which I serve. | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| I have/had economic interests with the entity in which I serve, whether through my business activities, intellectual property rights or any other capacity.   | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <i>Please define the nature of your cooperation with the entity in which you serve:</i>   |   |   |
| I am/was an employee/associate <sup>2</sup> of an entity that holds significant stake in the entity in which I serve.   | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| I have/had an employment/cooperation relationship with a person who is an employee of the entity in which I serve or which is included in the scope of prudential consolidation.  | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| I have/had an employment relationship with another entity, which may (potentially) trigger a conflict of interest.  | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <i>Please list the entities affected by the above:</i>  |   |   |
| I am a partner/shareholder/body member of an entity that is a material counterparty <sup>3</sup> of the entity in which I serve.  | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <i>Please list the entities affected by the above:</i>  |   |   |

<sup>1</sup> Whether the candidate identifies a conflict of interest given the circumstances identified in the pertinent declaration

<sup>2</sup> Cooperation as construed by this questionnaire is cooperation on terms other than an employment contract, such as a contract of mandate, contract for work, other civil law contract.

<sup>3</sup> As defined in this questionnaire, material counterparty is, for example, a material service provider, consulting company.

|   |   |   |
|---|---|---|
| I have an employment/cooperation relationship with an entity that is a material counterparty or with a person who is a member of the governing body of a material counterparty of an entity in which I serve. | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <i>Please list the entities affected by the above:</i>  |   |   |
| I am a member of a body of an entity engaged in competitive activities with the entity in which I serve.  | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <i>Please list the competing entities to which the above applies:</i>   |   |   |
| My social activities generate a conflict of interest with the activities of the entity in which I serve.  | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| I identify a contradiction between the interests of the insurance company in which I (will) serve with the interests of my close associates <sup>4</sup> .  | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Date and signature of a member of the governing body of the supervised entity:  |   |   |

<sup>4</sup> As defined in this questionnaire, a close associate is a spouse, a cohabitating partner, a relative by blood, a relative by marriage up to the second degree, as well as a person in an adoption, guardianship or custody relationship with the candidate.



| <b>SECTION 2 - to be completed by the assessing entity</b>   |                          |                               |   |
|--|--------------------------|-------------------------------|---|
| <b>II. Solutions adopted for managing identified conflicts of interest</b>   |                          |                               |   |
| No.  | Identified irregularity: | Management solutions adopted: | Is the solution effective?                                  |
| 1.   |                          |                               | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <b>III. Summary of the assessment by the entity</b>  |                          |                               |   |
| The information the candidate provided in this form adversely affects the assessment of their ability to exercise independent judgment regarding conflicts of interest in terms of their suitability for serving as a member of the governing body of the supervised entity. |                          |                               | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Date and signature of the authorized representative of the entity:   |                          |                               |   |

**Attachment 3.6 to the secondary individual evaluation form – Supervisory Board  
COMBINATION OF FUNCTIONS (SECONDARY EVALUATION)**

**SECTION 1 – to be completed by a member of a corporate body in order to update and enable reevaluation of the member of the regulated entity’s corporate body in the event of changes in the period following the date of the declaration submitted under the previous evaluation**

**I. Information on functions performed in supervisory boards/non-executive directors**

| No. | Name of the entity | Function performed/job title | Group/system of institutional protection | The evaluator holds a significant block of shares <sup>1</sup> | State Treasury representative                               | Performs currently/will perform  | Area of operation  |  |
|-----|--------------------|------------------------------|--|--|---|--|--|--|
| 1.  |                    |                              |  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> performs<br><input type="checkbox"/> will perform | <input type="checkbox"/> banking<br><input type="checkbox"/> pension<br><input type="checkbox"/> capital | <input type="checkbox"/> insurance<br><input type="checkbox"/> other financial<br><input type="checkbox"/> non-financial |

**Total positions in supervisory boards**

**Total positions in supervisory boards, including positions counted as single ones<sup>2</sup>**

|  |
|--|
|  |
|  |

<sup>1</sup> This means the holding of a direct or indirect holding in an enterprise, representing 10% or more of the capital or voting rights or exercising a significant influence over the management of the enterprise.

<sup>2</sup> A single position is considered to be a position held in supervisory boards of members of the same group or in entities covered by the same institutional protection system, or in entities in which the bank holds a significant block of shares.

| <b>II. Information on functions performed in management boards/executive directors</b>              |                    |                              |  |  |  |  |  |
|---|--------------------|------------------------------|--|--|--|--|--|
| No.   | Name of the entity | Function performed/job title | Group/system of institutional protection | The evaluator holds a significant block of shares <sup>3</sup> | Performs currently/will perform  | Area of operation  |  |
| 1.  |                    |                              |  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> performs<br><input type="checkbox"/> will perform | <input type="checkbox"/> banking<br><input type="checkbox"/> pension<br><input type="checkbox"/> capital | <input type="checkbox"/> insurance<br><input type="checkbox"/> other financial<br><input type="checkbox"/> non-financial |
| <b>Total positions in management boards</b>   |                    |                              |  |  |  |  |  |
| <b>Total positions in management boards, including positions counted as single ones<sup>4</sup></b> |                    |                              |  |  |  |  |  |
| Date and signature:   |                    |                              |  |  |  |  |  |

<sup>3</sup> This means the holding of a direct or indirect holding in an enterprise, representing 10% or more of the capital or voting rights or exercising a significant influence over the management of the enterprise.

<sup>4</sup> A single position is considered to be a position held in management boards of members of the same group or in entities covered by the same institutional protection system, or in entities in which the bank holds a significant block of shares.

| <b>SECTION 2 – To be completed by the evaluator</b>  |   |
|--|---|
| <b>III. Summary of the entity's evaluation</b>   |   |
| The information provided by the member of a corporate body in this form has an unfavorable impact on the evaluation of his/her independence of judgment in terms of suitability for appointment as a member of a corporate body of the regulated entity. | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Date and signature of the entity's authorized representative:  |   |

**Appendix 3.7 to the individual secondary assessment form - Supervisory Board**

**TIME COMMITMENT**

**SECTION 1 - to be completed by a member of the body of the supervised entity**

This part of the declaration is to be filled out for update and to allow for reassessment of the member's ability to commit sufficient time if there have been changes since the date of the declaration made in the previous assessment

**I. Declaration of a member of the governing body of the supervised entity**

I have been informed of the expected minimum amount of time necessary for my duly performing the duties, and I declare I am willing to commit the following amount of time:

yes  
 no

I am willing to commit more time during periods of particularly intense activity, such as restructuring or other emergency situations.

yes  
 no

**II. Time committed to other jobs/functions<sup>1</sup>**

| No.   | Position / Title    | Time commitment   |                            |
|---|---------------------|---|----------------------------|
|   |                     | Meetings per year   | Days per year <sup>2</sup> |
| a) Other positions/functions in the same entity                             |                     |   |                            |
| 1.  | Position title:     |   |                            |
| b) Positions/functions in other entities within the same group of companies |                     |   |                            |
| 1.  | Position title:     | Size of the entity <sup>3</sup><br><input type="checkbox"/> Micro |                            |
|   | Name of the entity: |   |                            |
|   | Business object:    |   |                            |
|   | Headquarters/duty   |   |                            |

<sup>1</sup>This part should also include the time committed to duties performed as part of a long-term (more than 3 months) replacement.

<sup>2</sup> Per full 8-hour workdays

<sup>3</sup> As per the classification set forth in Article 7 of the Entrepreneur Law.

|   | location:                   |                                   |  | <input type="checkbox"/> Small<br><input type="checkbox"/> Medium<br><input type="checkbox"/> Big                                   |  |  |
|---|-----------------------------|-----------------------------------|--|---|--|--|
| c) Positions/functions in other commercial entities (including own business)      |                             |                                   |  |   |  |  |
| 1.  | Position title:             |                                   |  | Size of the entity  |  |  |
|   | Name of the entity:         |                                   |  |   |  |  |
|   | Business object:            |                                   |  | <input type="checkbox"/> Micro<br><input type="checkbox"/> Small<br><input type="checkbox"/> Medium<br><input type="checkbox"/> Big |  |  |
|   | Headquarters/duty location: | Country:                          | Locality:  |   |  |  |
| d) Other non-commercial activities (e.g., social/teaching activities)             |                             |                                   |  |   |  |  |
| 1.  | Position title:             |                                   |  | Size of the entity  |  |  |
|   | Name of the entity:         |                                   |  |   |  |  |
|   | Business object:            |                                   |  | <input type="checkbox"/> Micro<br><input type="checkbox"/> Small<br><input type="checkbox"/> Medium<br><input type="checkbox"/> Big |  |  |
|   | Headquarters/duty location: | Country:                          | Locality:  |   |  |  |
|   |                             |                                   |  | Total a) + b) + c) + d)   |  |  |
| e) Synergies related to functions within the same group of companies <sup>4</sup> |                             |                                   |  |   |  |  |
| No.   | Description of duties       | Positions affected by the synergy | Time currently saved through synergy (days per year) |   |  |  |
| 1.  |                             |                                   |  |   |  |  |
|   |                             | Total synergies                   |  |   |  |  |
|   |                             | Total time commitment including   |  |   |  |  |

<sup>4</sup> The member's duties overlap with respect to several functions within a group of companies, with particular emphasis on acting on behalf of the entity or as a deputy member of the supervised entity's body.

|  |   |  |  |
|--|---|--|--|
|  | synergies<br><i>[total of (a)-(d) less (e)]</i> |  |  |
| <b>III. Additional duties not included in p. II</b>                            |   |  |  |
|  |   |  |  |
| Date and signature of a member of the governing body of the supervised entity: |   |  |  |

| SECTION 2 - to be completed by the assessing entity  |                |   |
|--|----------------|---|
|  |                |   |
| IV. Assessment of the implementation of the goals and expectations of the body   |                |   |
| 1) Participation in meetings   |                |   |
| total number   | present        | absent  |
|  |                |   |
| 2) Long-term absence   |                |   |
| cause  | number of days |   |
|  |                |   |
| 3) Exercised replacements due to absence of another member of the supervised entity's governing body   |                |   |
| function/position  | number of days |   |
|  |                |   |
| 4) Assessment of preparation and involvement in the governing body's meetings  |                |   |
|  |                |   |
|  |                |   |
| V. Summary of the assessment by the entity   |                |   |
| The information provided in this form adversely affects the assessment of time commitment capacity in terms of the suitability to perform a function/hold a position as a member of the governing body of the supervised entity. |                | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Date and signature of the authorized representative of the entity:   |                |   |
|  |                |   |
|  |                |   |



Appendix 4: Form for collective suitability assessment of the Supervisory Board

**Collective suitability assessment**

**Part I – Basic data**

|                            |                      |
|----------------------------|----------------------|
| <b>Entity:</b>             | (name of the entity) |
| <b>Body:</b>               | (name of the body)   |
| <b>Date of assessment:</b> | (date of assessment) |

|   |                               |
|---|-------------------------------|
| <b>Prerequisites for conducting the assessment:</b> | (write the prerequisites)     |
| <b>Date of previous assessment:</b>                 | (date of previous assessment) |

|   |             |
|---|-------------|
| <b>Body composition:</b><br>(full name) | (person 1)  |
|   | (person 2)  |
|   | (person 3)  |
|   | (person 4)  |
|   | (person 5)  |
|   | (person 6)  |
|   | (person 7)  |
|   | (person 8)  |
|   | (person 9)  |
|   | (person 10) |

|               |  |
|---------------|--|
| <b>Notes:</b> |  |
|---------------|--|

**Collective suitability assessment****Part II – Management competence**

|   | Number of Supervisory Board Members with a very high score | Number of Supervisory Board Members with a high score | Number of Supervisory Board Members with an average score | Number of Supervisory Board Members with an elementary score | Number of members of the Supervisory Board assessed competence |
|---|--|---|---|--|--|
| Knowledge of the market   |  |   |   |  |  |
| Knowledge of legal requirements and regulatory framework                          |  |   |   |  |  |
| Strategic planning (having management skills)                                     |  |   |   |  |  |
| Knowledge of the management system, including risk management                     |  |   |   |  |  |
| Accounting and financial auditing   |  |   |   |  |  |
| Supervision, control and internal audit   |  |   |   |  |  |
| Interpretation of financial information (having skills in finance and accounting) |  |   |   |  |  |
| Having skills in the insurance field  |  |   |   |  |  |
| Having skills in the actuarial function   |  |   |   |  |  |
| Knowledge of the Polish language  |  |   |   |  |  |

**Collective suitability assessment**

**Part III – Competence in risk management**

|  | Number of Supervisory Board Members with a very high score | Number of Supervisory Board Members with a high score | Number of Supervisory Board Members with an average score | Number of Supervisory Board Members with an elementary score | Number of members of the Supervisory Board without assessed competence |
|--|--|---|---|--|--|
| Knowledge of the risks in the insurance sector |  |   |   |  |  |

**Collective suitability assessment**

**Part IV – Competence in the entity’s main business areas/line of business**

|                                   | Number of Supervisory Board Members with a very high score | Number of Supervisory Board Members with a high score | Number of Supervisory Board Members with an average score | Number of Supervisory Board Members with an elementary score | Number of members of the Supervisory Board without assessed competence |
|-----------------------------------|--|---|---|--|--|
| Knowledge of the line of business |  |   |   |  |  |

**Collective suitability assessment**

**Part V – Quantitative criteria**

|   | Number of the Supervisory Board Members who meet the independence criteria | Number of Supervisory Board Members who do not meet the independence criteria |
|---|--|---|
| Meeting the independence criteria set forth in the Best Practices of WSE Listed Companies adopted by the Supervisory Board of Giełda Papierów Wartościowych w Warszawie S.A. (Warsaw Stock Exchange). |  |   |

## **Instructions on how to fill out the form**

This form is designated for the purpose of making a collective suitability assessment of the members of the audit committee according to the assessment methodology accepted by the Polish Financial Supervision. Filling out the form should begin with entering the information in tab "I - Basic data" regarding the entity conducting the assessment, the date of the assessment and the date of the previous assessment, as well as the results of the individual assessment. The rows corresponding to the various criteria should be filled out in tab "II - Criteria" in accordance with the results of the individual assessment.

After filling out all of the fields, the information on satisfying the requirements in the final column in tab II should be interpreted. If the term "Satisfied" appears in all of the rows, the score of the collective assessment is positive. If the term "Not satisfied" appears in at least one field, the score of the assessment is

**Collective suitability assessment of the audit committee**

**Part I - Basic data**

|                    |                          |
|--------------------|--------------------------|
| <b>Entity:</b>     | (name of the entity)     |
| <b>assessment:</b> | (date of the assessment) |

|   |                                   |
|---|-----------------------------------|
| <b>Date of the previous assessment:</b> | (date of the previous assessment) |
|---|-----------------------------------|

**Composition of the audit committee:**

(first and last names)

|                     |             |
|---------------------|-------------|
| <b>Chairperson:</b> | (person 1)  |
|                     | (person 2)  |
|                     | (person 3)  |
|                     | (person 4)  |
|                     | (person 5)  |
|                     | (person 6)  |
|                     | (person 7)  |
|                     | (person 8)  |
|                     | (person 9)  |
|                     | (person 10) |

|                  |  |
|------------------|--|
| <b>Comments:</b> |  |
|------------------|--|

Collective suitability assessment

Entity:  
Date of the  
assessment:

|                          |
|--------------------------|
| (name of the entity)     |
| (date of the assessment) |

Part V – quantitative criteria

|   | (person 1)<br>(Przewodniczący) | (person 2) | (person 3) | (person 4) | (person 5) | (person 6) | (person 7) | (person 8) | (person 9) | (person 10) |
|---|--------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| Independence:   |                                |            |            |            |            |            |            |            |            |             |
| Accounting knowledge:   |                                |            |            |            |            |            |            |            |            |             |
| Accounting skills:  |                                |            |            |            |            |            |            |            |            |             |
| Accounting knowledge and skills in total:   | 0-Nie                          | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie       |
| Knowledge on the audit of financial statements:   |                                |            |            |            |            |            |            |            |            |             |
| Skills in the audit of financial statements:  |                                |            |            |            |            |            |            |            |            |             |
| Knowledge and skills in the audit of financial statements in total:                         | 0-Nie                          | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie       |
| Knowledge of the industry in which the public interest entity operates:                     |                                |            |            |            |            |            |            |            |            |             |
| Skills in the industry in which the public interest entity operates:                        |                                |            |            |            |            |            |            |            |            |             |
| Knowledge and skills in the industry in total in which the public interest entity operates: | 0-Nie                          | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie      | 0-Nie       |

|  |               |
|--|---------------|
| Summary  |               |
| The majority of the members, including the chairperson should be independent | Not satisfied |

|   |               |
|---|---------------|
| At least one member should have knowledge and skills in at least one of the areas | Not satisfied |
|   | Not satisfied |

|  |               |
|--|---------------|
| At least one member should have knowledge and skills | Not satisfied |
|--|---------------|

|         |               |
|---------|---------------|
| Summary | Not satisfied |
|---------|---------------|



| 5-level<br>Text | Value | 2-level           |   | Yes/No  |
|-----------------|-------|-------------------|---|---------|
| 0 - None        | 0     | 0 - Not satisfied | 0 | 0 - No  |
| 1 - Basic       | 1     | 1 - Satisfied     | 1 | 1 - Yes |
| 2 - Medium      | 2     |                   |   |         |
| 3 - High        | 3     |                   |   |         |
| 4 - Very high   | 4     |                   |   |         |