## Annual General Meeting of SAF-HOLLAND SE on June 11, 2024





Number AGM ticket:  Number of shares:  Phone number:*  * voluntary information		Name / Company:					
		First name:  Email address:*					
						To be returned to:	
SAF-HOLLAND SE c/o Better Orange IR & HV AG Haidelweg 48 81241 Munich Germany		Email: safholland@linkmarketservices.eu					
Note: Please explicitly inform		·		sclosure of p	ersonal da	ata.	
I/We herewith authorize, if app	licable under revoking a form	ier authorization of a	a proxy,				
First name of proxy ***							
Last name or Company o	f proxy ***						
Street of proxy ***					No ***		
Country ZIP Co	de *** Place o	of residence of proxy	, ***				
Email of proxy					1		
*** Mandatory fields							
to represent me/us at the Annu on my/our behalf. The power of in addition to me/us at the Anr him/her.	fattorney also gives the right	to grant a sub-proxy	. The proxy is e	entitled to rep	resent oth	ner sharehold	
This form does not replace the notice of the Annual General N				er to the note	s and exp	lanations in tl	
Place	Date	Signature(s) or p	Signature(s) or person making the declaration (legible)				