

## STATEMENT

The undersigned, \_\_\_\_\_ [(mandatory representative' name and first name legal person - intermediary)], identified by \_\_\_\_\_ (identity act) , series \_\_\_\_\_, number \_\_\_\_\_, issued by \_\_\_\_\_, on \_\_\_\_\_, with headquarter \_\_\_\_\_ and social security code \_\_\_\_\_, acting as representative of \_\_\_\_\_ [mandatory legal person-intermediary' name], with headquarter in \_\_\_\_\_, registered at Commerce Registrar / \_\_\_\_\_ [similar authority – for nonresidential legal persons] under number \_\_\_\_\_, with unique registering code \_\_\_\_\_

As mandatory of

\_\_\_\_\_ <sup>i</sup> [shareholder' name and first name – physical person], identified with \_\_\_\_\_ [identity act], series \_\_\_\_\_, number \_\_\_\_\_, issued by \_\_\_\_\_, on \_\_\_\_\_, with residence in \_\_\_\_\_ and social security code \_\_\_\_\_

or

\_\_\_\_\_ <sup>ii</sup> [shareholder's name – legal person], with headquarter in \_\_\_\_\_, registered at Commerce Registrari / \_\_\_\_\_ [similar authority – for nonresidential legal persons] under number \_\_\_\_\_, with unique registering code \_\_\_\_\_

According to general attorney no. \_\_\_\_\_ of \_\_\_\_\_, state that, on the present statement date, the following statements are true:

1. I represent an intermediary authorized by the Financial Survey Authority \_\_\_\_\_, having the full profession' exercise, as \_\_\_\_\_ <sup>iii</sup> having available and full right of his representation;

2. \_\_\_\_\_ [mandatory' name –legal person- intermediary] isn't in interests copnflct state according to Law 297/2004 regarding the capital market, namely he isn't:

- a) Societatea OIL TERMINAL S.A., or another entity, controlled by that shareholder' major shareholder;
- b) Societatea OIL TERMINAL S.A.' member of an administration, management or survey entity, of a major shareholder or of a controlled entity, according to provisions of I.a);

- c) Societatea OIL TERMINAL S.A.' employee or of a major shareholder or of a controlled entity, according to provisions of I.a);
- d) husband, relative or relation up to the fourth degree, one of the physical persons provided in I.a) – c).

Date \_\_\_\_\_  
<sup>iv</sup> \_\_\_\_\_ [signature]

\_\_\_\_\_  
[mandatory' name and first name physical person/legal person mandatory' representative, in capital letters]

<sup>1</sup> It will be filled in only if the represented shareholder is a physical person

<sup>1</sup> It will filled in if the represented shareholder is a legal person

<sup>1</sup> According to law, they are part of administration/management entities/ its employees

<sup>1</sup> It will be signed

\_\_\_\_\_