STATEMENT

The undersigned,	[(ma	ndatory	represent	ative' name	and first
name legal person - intermediary)], identified by			(identity a	act) . series	
number, issued by, on with headquarter,					
with headquarter		and	social	security	code
,	acting		as	repres	sentative
of	[mandato	ry lega	I person-	intermediary	' name],
with headquarter in, i	egistered at t	20111111EI	ce Registi	aı	
/[similar authority – for nonr	esidential leg	al perso	ons] unde	r number	,
with unique registering code					
As mandatory of					
i [sharehol	der' name an	d first na	ame – phys	sical person]	,
Identified with [identity a					
, on, with residence in			an	d social secu	rity code
or	merce Regis	trari /	· ·		_[similar
code					
According to general attorney no of following statements are true:	, state th	at, on tl	he present	t statement o	date, the
1. I represent an intermediary authorized by having the full profession' exercise, as representation;					
2 [manda interests copnflict state according to Law 24/20 operations, namely he isn't: a) Societatea OIL TERMINAL S.A., or an shareholder;	017 regarding other entity,	the fin	ancial inst	truments and	d market er' major
b) Societatea OIL TERMINAL S.A.' member a major shareholder or of a controlled entity, according to the controlled entity.				ent or survey	entity, of

c) accord	Societatea OIL TERMINAL S.A.' employee or of a major shareholder or of a controlled entity, ding to provisions of I.a);
d) – c).	husband, relative or relation up to the fourth degree, one of the physical persons provided in l.a)
Date _	
[mand letters	atory' name and first name physical person/legal person mandatory' representative, in capita

It will be filled in only if the represented shareholder is a physical person

It will fiiled in if the represented shareholder is a legal person

According to law, they are part of administration/management entities/ its employees

It will be signed