

# General Meeting - Voting online

## User guide

Dear shareholders,

Would you like to vote online with VOTACCESS, but you do not know how to proceed? This guide will take you through the process step by step!

### Step 1: Access the VOTACCESS platform

To access the VOTACCESS online voting platform, you can connect up:

- directly at <https://www.nomi.olisnet.com>
- via Gecina's site: <https://www.gecina.fr/en>

### Step 2: Check that you have your access ID

You will have received a voting form by post and you will be able to find your access ID here:

**Important : Avant d'exercer votre choix, veuillez prendre connaissance des instructions situées au verso - Important : Before selecting please refer to instructions on reverse side**  
**Quelle que soit l'option choisie, noircir comme ceci ■ la ou les cases correspondantes, dater et signer au bas du formulaire - Whichever option is used, shade box(es) like this ■, date and sign at the bottom of the form**

**JE DÉSIRES ASSISTER À CETTE ASSEMBLÉE** et demande une carte d'admission : dater et signer au bas du formulaire / **I WISH TO ATTEND THE SHAREHOLDER'S MEETING** and request an admission card, date and sign at the bottom of the form

ASSEMBLEE GENERALE MIXTE convoquée pour le jeudi 21 avril 2022 à 15h00 au Pavillon Cambon - 46, rue Cambon, 75001 Paris

**COMBINED GENERAL MEETING**  
to be held on Thursday, April 21<sup>st</sup>, 2022 at 3.00 pm at Pavillon Cambon - 46, rue Cambon, 75001 Paris

Société Anonyme au capital de 574 266 375 euros  
Siège Social : 14-16 rue des Capucines 75002 PARIS RCS PARIS 592 014 476

**CADRE RÉSERVÉ À LA SOCIÉTÉ - FOR COMPANY'S USE ONLY**

Identifiant REGISTRAR - Registrar Account :

Non/matiel / Registered

Nombre d'actions / Number of shares : [ ]

Particulier / BOISER

Nombre de voix - Number of voting rights :

**JE VOTE PAR CORRESPONDANCE / I VOTE BY POST**  
Cf. au verso (2) - See reverse (2)

Je vote OUI à tous les projets de résolutions présentés ou agréés par le Conseil d'Administration ou le Directeur ou la Gérance, à l'EXCEPTION de ceux que je signale en noircissant comme ceci ■ l'une des cases "Non" ou "Abstention". / I vote YES all the draft resolutions approved by the Board of Directors, EXCEPT those indicated by a shaded box, like this ■, one of the boxes "No" or "Abst".

	1	2	3	4	5	6	7	8	9	10		A	B
Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>
Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>
	11	12	13	14	15	16	17	18	19	20		C	D
Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>
Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>
	21	22	23	24	25	26	27	28	29	30		E	F
Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>
Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>
	31	32	33	34	35	36	37	38	39	40		G	H
Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>
Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>
	41	42	43	44	45	46	47	48	49	50		J	K
Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>
Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>

**JE DONNE POUVOIR AU PRÉSIDENT DE L'ASSEMBLÉE GÉNÉRALE**  
Cf. au verso (3)

**I HEREBY GIVE MY PROXY TO THE CHAIRMAN OF THE GENERAL MEETING**  
See reverse (3)

**JE DONNE POUVOIR À :** Cf. au verso (4) pour me représenter à l'Assemblée  
**I HEREBY APPOINT:** See reverse (4) to represent me at the above mentioned Meeting

M. Mmes ou Mlle, Raison Sociale / Mr, Mrs or Miss, Corporate Name

Adresse / Address

Identifiant de connexion au site OLIS-Actionnaire pour accéder à la plateforme de vote sur internet  
**VOTACCESS - Access id to the OLIS website to reach VOTACCESS voting platform:**

Nom, prénom, adresse de l'actionnaire. Les modifications de ces informations doivent être adressées à l'établissement concerné et ne peuvent être effectuées à l'aide de ce formulaire. Cf au verso (1)  
 Surname, first name, address of the shareholder (Change regarding this information have to be notified to relevant institution, no change can be made using this proxy form). See reverse (1)

Si des amendements ou des résolutions nouvelles ont été présentés ou adoptés, je vote NON sauf si je signale à l'aide d'un autre choix sur la case correspondante.  
 If case amendments or new resolutions are proposed during the meeting, I vote NO unless I indicate another choice by shading the corresponding box.

Je donne pouvoir au Président de l'Assemblée Générale. / I appoint the Chairman of the general meeting.

Je n'assiste pas. / I abstain from voting.

Je donne mon vote (cf. au verso) (cf. à M. Mmes ou Mlle, Raison Sociale pour voter en mon nom)

I appoint (see reverse) (cf. M. Mrs or Miss, Corporate Name to vote on my behalf)

Pour être prise en considération, tout formulaire doit parvenir au plus tard le : 18 avril 2022 3 h 00 précises  
 To be considered, this completed form must be returned no later than: April 18, 2022 by the company


\* Si le formulaire est renvoyé daté et signé mais que le choix n'est pas noté (case of return dated and signed but no choice is checked/admission card, postal vote / power of attorney to the President / power of attorney to a representative, this automatically applies to the President of the General Meeting)

### Step 3: Check that you also know your REGISTRAR account

On the voting form received by post, you will be able to find your REGISTRAR account here:

**Important : Avant d'exercer votre choix, veuillez prendre connaissance des instructions situées au verso - Important : Before selecting please refer to instructions on reverse side**  
**Quelle que soit l'option choisie, noircir comme ceci ■ la ou les cases correspondantes, dater et signer au bas du formulaire - Whichever option is used, shade box(es) like this ■, date and sign at the bottom of the form**

JE DÉSIRE ASSISTER À CETTE ASSEMBLÉE et demander une carte d'admission : dater et signer au bas du formulaire / I WISH TO ATTEND THE SHAREHOLDER'S MEETING and request an admission card: date and sign at the bottom of the form



Société Anonyme au capital de 574 296 375 euros  
 Siège Social : 14-16, rue des Capucines 75002  
 PARIS RCS PARIS 592 014 475

**ASSEMBLEE GENERALE MIXTE convoquée pour le**  
**jeudi 21 avril 2022 à 15h00 au Pavillon Cambon - 46,**  
**rue Cambon, 75001 Paris**

**COMBINED GENERAL MEETING**  
**to be held on Thursday, April 21<sup>st</sup>, 2022 at 3.00 pm at**  
**au Pavillon Cambon - 46, rue Cambon, 75001 Paris**

**CARTE RÉSERVÉE À LA SOCIÉTÉ - FOR COMPANY USE ONLY**

Identifiant REGISTRAR - Registrar Account :

Nombre d'actions / Number of shares : Nominal / Nominale

Nombre de voix - Number of voting rights : Porteur / bearer

<p><input type="checkbox"/> JE VOTE PAR CORRESPONDANCE / I VOTE BY POST  <small>Cf. au verso (2) - See reverse (2)</small></p> <p><b>Je vote OUI à tous les projets de résolutions présentés ou agréés par le Conseil d'Administration ou le Directeur ou la Gérante, à l'EXCEPTION de ceux que je signale en notifiant comme ceci ■ l'une des cases "Non" ou "Abstention". / I vote YES all the draft resolutions approved by the Board of Directors, EXCEPT those indicated by a shaded box, like this ■, one of the boxes "No" or "Abs".</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;">1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> <td style="width: 5%;"></td> <td style="width: 5%;">A</td><td>B</td> </tr> <tr> <td>Non / No</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Oui / Yes</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Abs.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Non / No</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td> <td></td> <td>C</td><td>D</td> </tr> <tr> <td>Non / No</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Oui / Yes</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Abs.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Non / No</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td> <td></td> <td>E</td><td>F</td> </tr> <tr> <td>Non / No</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Oui / Yes</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Abs.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Non / No</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td> <td></td> <td>G</td><td>H</td> </tr> <tr> <td>Non / No</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Oui / Yes</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Abs.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Non / No</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td> <td></td> <td>J</td><td>K</td> </tr> <tr> <td>Non / No</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Oui / Yes</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Abs.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>Non / No</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td>L</td><td>M</td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td>N</td><td>O</td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td>P</td><td>Q</td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td>R</td><td>S</td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td>T</td><td>U</td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td>V</td><td>W</td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td>X</td><td>Y</td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td>Z</td><td></td> </tr> </table> <p><small>Si des amendements ou des résolutions nouvelles ont été présentés en assemblée, je vote NON sauf si je signale un autre choix sur une case correspondante.          If case amendments or new resolutions are proposed during the meeting, I vote NO unless I indicate another choice by shading the corresponding box.          - Je donne le pouvoir au Président de l'Assemblée Générale. / I appoint the Chairman of the general meeting. <input type="checkbox"/>          - Je m'abstiens. / I abstain from voting. <input type="checkbox"/>          - Je donne procuration (cf. au verso) revêtue de M., Mme ou Mlle, Raison Sociale pour voter en mon nom / I appoint (see reverse) M., Mrs or Miss, Corporate Name to vote on my behalf. <input type="checkbox"/></small></p> <p style="font-size: small;">Pour être pris en considération, tout formulaire doit parvenir au plus tard le : <b>18 avril 2022</b> à la société          To be considered, this completed form must be returned no later than: <b>April 18, 2022</b> by the company</p> <p style="text-align: right;">Date &amp; Signature <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></p> <p style="font-size: x-small; text-align: center;">* Si le formulaire est renvoyé signé et agrémenté d'un choix, il ne peut être utilisé que par correspondance, par voie postale / pouvoir à procurer / pouvoir à mandataire, cela ne s'applique qu'en cas de Président de l'Assemblée Générale.          * If the form is returned signed and agreed but no other is checked, admission card / power vote / power of attorney to the President / power of attorney to a representative, the authority is solely to the President of the General Meeting.</p>		1	2	3	4	5	6	7	8	9	10		A	B	Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>	Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>		11	12	13	14	15	16	17	18	19	20		C	D	Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>	Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>		21	22	23	24	25	26	27	28	29	30		E	F	Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>	Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>		31	32	33	34	35	36	37	38	39	40		G	H	Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>	Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>		41	42	43	44	45	46	47	48	49	50		J	K	Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>	Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>													L	M													N	O													P	Q													R	S													T	U													V	W													X	Y													Z	
	1	2	3	4	5	6	7	8	9	10		A	B																																																																																																																																																																																																																																																																																																																					
Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																					
Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																					
	11	12	13	14	15	16	17	18	19	20		C	D																																																																																																																																																																																																																																																																																																																					
Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																					
Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																					
	21	22	23	24	25	26	27	28	29	30		E	F																																																																																																																																																																																																																																																																																																																					
Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																					
Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																					
	31	32	33	34	35	36	37	38	39	40		G	H																																																																																																																																																																																																																																																																																																																					
Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																					
Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																					
	41	42	43	44	45	46	47	48	49	50		J	K																																																																																																																																																																																																																																																																																																																					
Non / No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oui / Yes	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																					
Abs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non / No	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																					
												L	M																																																																																																																																																																																																																																																																																																																					
												N	O																																																																																																																																																																																																																																																																																																																					
												P	Q																																																																																																																																																																																																																																																																																																																					
												R	S																																																																																																																																																																																																																																																																																																																					
												T	U																																																																																																																																																																																																																																																																																																																					
												V	W																																																																																																																																																																																																																																																																																																																					
												X	Y																																																																																																																																																																																																																																																																																																																					
												Z																																																																																																																																																																																																																																																																																																																						

### What should I do if I have not received my form in the post?

You can contact Gecina's Securities & Exchange Services and Shareholder Relations teams, who will do what is needed to provide you with your login details:

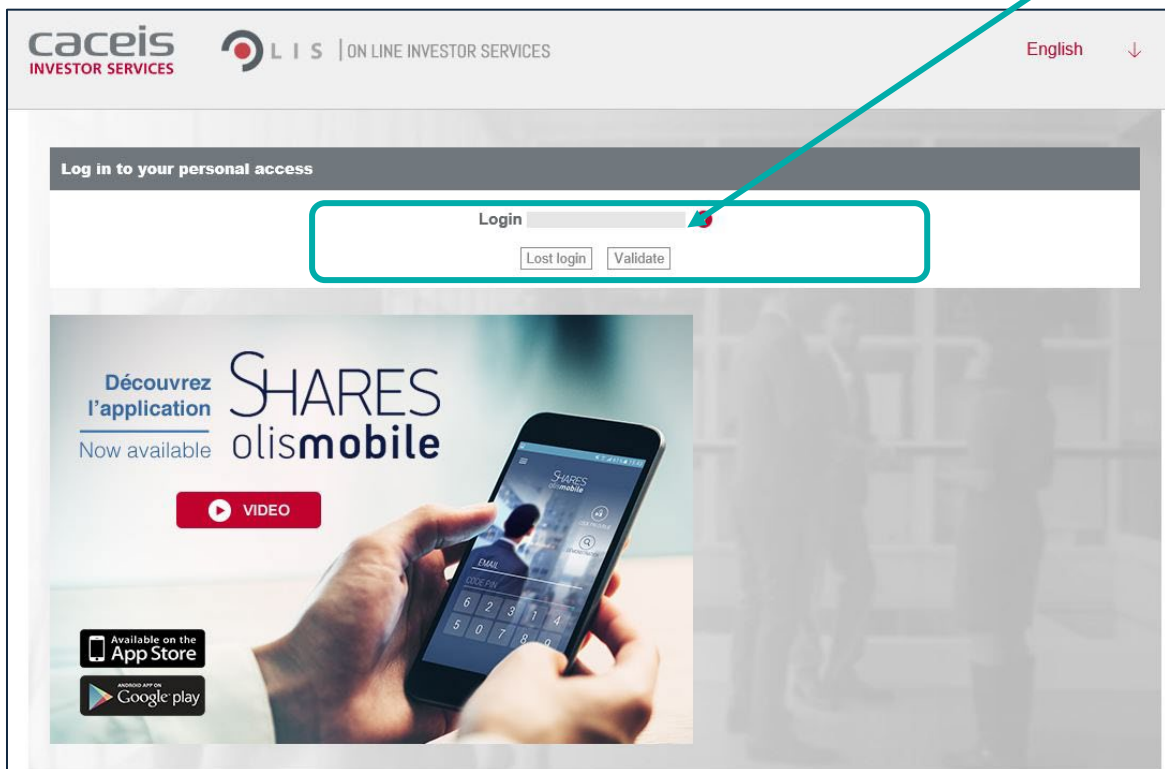
- By phone:



- By email: [actionnaire@gecina.fr](mailto:actionnaire@gecina.fr)

#### Step 4: Enter your access ID

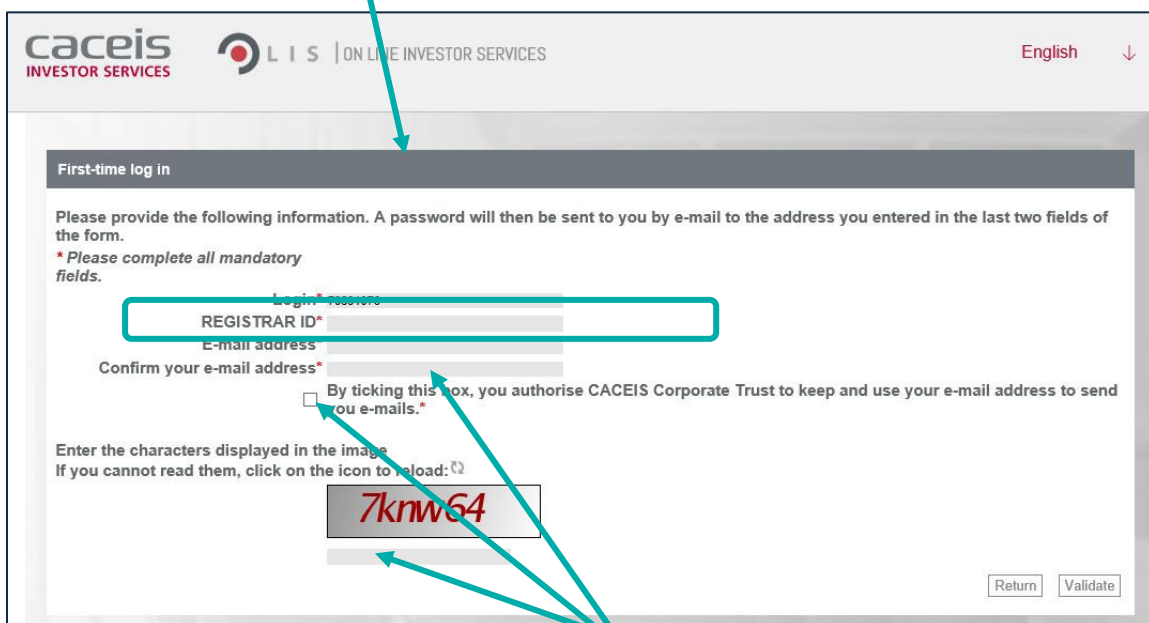
On the following homepage, enter your access ID from step 2, then confirm:



The screenshot shows the CACEIS investor services homepage. At the top left, the logo for 'caceis INVESTOR SERVICES' and 'L I S | ON LINE INVESTOR SERVICES' is visible. On the top right, there is a language selection dropdown set to 'English'. Below the header, a dark grey bar contains the text 'Log in to your personal access'. Underneath this bar is a white login form with a 'Login' input field, a 'Lost login' button, and a 'Validate' button. A red arrow points from the text above to the 'Login' input field. Below the login form is a large promotional banner for 'SHARES olismobile' featuring a hand holding a smartphone displaying the app's interface. The banner includes the text 'Découvrez l'application', 'Now available', a 'VIDEO' button, and logos for 'Available on the App Store' and 'ANDROID APP ON Google play'.

#### Step 5: Complete the login form

On the following screen, your ID will already be indicated, so you will also need to enter your REGISTRAR account:

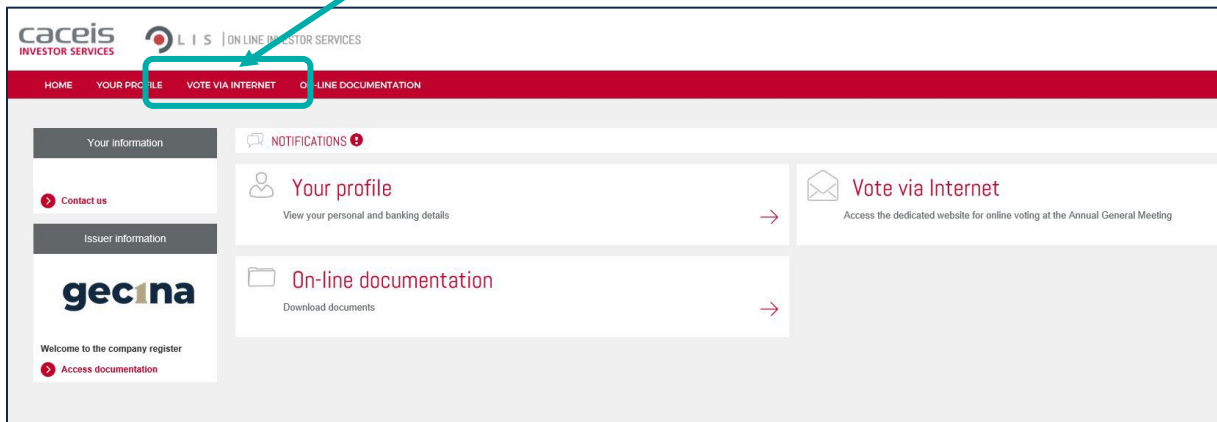


The screenshot shows the 'First-time log in' form on the CACEIS investor services website. The header is identical to the previous screenshot. The main content area has a dark grey bar with the text 'First-time log in'. Below this, there is a message: 'Please provide the following information. A password will then be sent to you by e-mail to the address you entered in the last two fields of the form.' followed by a note: '\* Please complete all mandatory fields.' The form contains several fields: 'Login\* Registrar' (with a red asterisk and a red arrow pointing to it), 'REGISTRAR ID\*' (with a red asterisk and a red arrow pointing to it), 'E-mail address', and 'Confirm your e-mail address\*'. There is a checkbox with the text 'By ticking this box, you authorise CACEIS Corporate Trust to keep and use your e-mail address to send you e-mails.\*'. Below the checkbox is a CAPTCHA section with the text 'Enter the characters displayed in the image' and 'If you cannot read them, click on the icon to reload:'. The CAPTCHA image shows the characters '7knw64'. At the bottom right of the form are 'Return' and 'Validate' buttons. Red arrows point from the text above to the 'REGISTRAR ID\*' field, the checkbox, and the CAPTCHA area.

Also enter your email address, confirm it and check the box indicated. All the fields marked with an asterisk are required. Lastly, enter the characters shown at the bottom of your screen.

## Step 6: Access the Olis-Actionnaire site

You will now be on the Olis-Actionnaire site. You will find your **personal information** and the documentation relating to the General Meeting. To access the VOTACCESS platform, click on "Vote via Internet":



## Step 7: VOTACCESS platform

You will now be on the VOTACCESS platform. As indicated previously, you will be able to find the General Meeting Brochure containing the full resolutions and the Board of Directors' report on the resolutions. You can now cast your vote!



The VOTACCESS site will be open  
from **April 6 to 3pm (Paris time) on April 20, 2022**,  
the day before the General Meeting.