

Information about the shareholder or shareholders (if multiple depositors)

(To help us process your form more rapidly, please provide the

	following information (in block letters) as completely as possible.)
Name(s)/company	, , , , , , , , , , , , , , , , , , , ,
Address (postcode, city/town	n, street, number)
For natural persons: date of	birth/for legal persons: register and number (if available)
Name and address of the fir	nancial institution at which the deposit account is located
Bank sort code or BIC	Account number
	N OF PROXY AUTHORISATION AG SE, I hereby revoke the proxy authorisation which I conferred
(na	me/company and address of proxy representative)
to represent me at the 19th <i>F</i> Friday, 16 June 2023 at 10	Annual Consent Masting of CTDADAC CE Villagh EN 2002 h. am

For the revocation of proxy authorisation to be valid, it must be received by STRABAG SE at the latest on 15 June 2023, by 4:00 p.m. (Vienna time), at one of the following:

(Signature / Company Seal)

by mail or courier

(Place, Date)

STRABAG SE Hauptversammlung c/o Donau-City-Str. 9

1220 Wien

by fax +49 89 30903 74675

anmeldestelle@computershare.de, with the revocation of proxy authorisation to be attached to the e-mail in text form, e.g. as a PDF file by e-mail

After this deadline, the proxy authorisation may only be presented in person on the day of the General Meeting at the entrance to the meeting.