**POWER OF ATTORNEY**

**TO ATTEND THE ANNUAL GENERAL MEETING OF SHAREHOLDERS 2025**

**FECON CORPORATION**

**(Stock Code: FCN)**

1. **THE AUTHORIZING PARTY**: **SHAREHOLDER CODE:**

Name of shareholder (individual/ organization):

Ownership registration number :

Permanent Address:

Phone number:

Email:

Shareholder Code:

Number of owned shares:

1. **THE AUTHORIZED PARTY** (Shareholders choose one of the following two methods):
* **Method 1: Delegate authority to others**

Full Name: .............................................................................................................................................

ID number: .................................. issued date: ........................ issued place ........................................

Permanent Address/Head office: .........................................................................................................

Phone number: ........................................................................................................................................

Email: ..................................................................................................................................................

* **Method 2: Authorize one of the members of the Board of Directors (“BOD”) or member of the Board of Supervisors (“BOS”) of FECON Joint Stock Company:**

**(*Mark “X” in one of the following boxes*)**

 Mr. Pham Viet Khoa – Chairman;

 Mr. Tran Trong Thang – Permanent Vice Chairman;

 Mr. Nguyen Tien Thanh – Member of BOS.

1. **AUTHORIZATION CONTENT:**
* Number of Authorized Shares: **(*Mark “X” in one of the following boxes*)**

 Total number of Shares owned;

 Part of the shares owned: …………….……. Shares *(clearly state the number of shares)*

* Attend meetings and vote on all issues corresponding to the number of Authorized Shares mentioned above in accordance with the law at the 2025 Annual General Meeting of Shareholders of FECON Corporation.
* The authorized party shall carry out the authorization content according to this document and not re-authorize to another person.

|  |  |
| --- | --- |
| **THE AUTHORIZED PARTY** *(Sign, full name and stamp if any)* | **THE AUTHORIZING PARTY** *(Sign and Full name)* |

*To authenticate the authorization, Shareholders please scan/photograph this Power of Attorney and email to the following address:* *bantroly@fecon.com.vn**. At the same time, send the original of this Authorization to the office address of FECON Corporation. Hotline hỗ trợ: 055 996 1689./.*

*We would like to thank our valued Shareholders!*