

DR TRANSFER REQUEST

To: Stichting STAK X5 Retail Group

E-mail: stak@x5.com

Subject: Transfer of Depositary Receipts

Date: ____ - ____ - _____

Dear Sir, Madam,

As the registered holder of _____ [number] Depositary Receipts (“**DRs**”) issued by Stichting STAK X5 Retail Group (the “**Administration Office**”), I/we hereby wish to transfer all my/our DRs to the Administration Office to terminate my/our registration in your Register of DR Holders.

I/we acknowledge that in such Register I am/we are not registered as a “Qualified DR Holder” as defined in the administration conditions of the Administration Office (the “**Administration Conditions**”), as I/we have acquired direct ownership of shares in X5 Corporate Center PJSC (“**X5CC**”).

Pursuant to Article 10.1.1 of the Administration Conditions, which states that “Depositary Receipts of DR Holders that are not registered as a Qualified DR Holder, can be transferred at nil value to the Administration Office to terminate the registration of such non-qualified DR Holder in the Register of DR Holders”, I/we hereby irrevocably request and agree to the transfer of my/our DRs to the Administration Office at nil value.

I/we acknowledge that this transfer will terminate my/our registration in the Register of DR Holders upon acceptance by the Administration Office. Therefore, please provide me with a signed copy of this letter as formal acknowledgement that the transfer has been completed and that I am/we are no longer registered as DR holder of the Administration Office.

Thank you for your assistance.

Yours sincerely,

_____(Signature)

Full Name: _____

Position (if applicable): _____

Company Name (if applicable]: _____

Address: _____

Postal Code and City: _____

Country: _____

Email Address: _____

Telephone Number: _____

Attachment: statement of GDRs held before 26 march 2026.

Signed for acknowledgement by Stichting STAK X5 Retail Group N.V.

Date: ____ - ____ - _____