



POWER OF ATTORNEY

**THE 2026 ANNUAL GENERAL MEETING OF SHAREHOLDERS
BINH DINH PHARMACEUTICAL AND MEDICAL EQUIPMENT JOINT STOCK COMPANY (BIDIPHAR)**

To: The Board of Directors of Binh Dinh Pharmaceutical And Medical Equipment JSC (Bidiphar)

The Authorizing Party:

Name of shareholder:

ID card/Passport/Business Registration No.:

Date of issue: Place of issue:

Legal representative (for organization):

Address:

Phone:

Currently holding/representing ownership (as per the finalized list on March 20, 2026):..... shares of Binh Dinh Pharmaceutical And Medical Equipment JSC (Bidiphar)

Hereby authorizing to Mr./Ms.:

The Authorized Party: (Select 1 of the 2 options below)

1. Mr./Ms.:

ID card/Passport No.:

Date of issue: Place of issue:

Email:

Phone:

2. *Alternatively, if a shareholder is unable to attend and does not designate a representative, he or she may authorize one of the following members of the Board of Directors: (check X in one selected box)*

Mr. Tạ Nam Bình - Chairman of the Board of Directors

Ms. Nguyễn Thị Minh Giang - Independent member of the Board of Directors, Chairperson of the Audit Committee

Mr. Phan Tấn Thư - Member of the Board of Directors, member of the Audit Committee

Mr. Trương Thanh Liêm - Member of the Board of Directors

Mrs. Phạm Thị Thanh Hương - Member of the Board of Directors, General Director

Mr. Nguyễn Ngọc Dũng - Member of the Board of Directors, Vice General Director

Mr. Nguyễn Tiến Hải – Member of the Board of Directors

On behalf of the Authorizing Party, the Authorized Party attends the 2026 Annual General Meeting of Shareholders and vote on issues within the authority of the General Meeting corresponding to the entire number of shares authorization mentioned above.

This Power of Attorney is effective from the date of signing until the conclusion of the General Meeting. The Authorized Party attending the General Meeting is prohibited from further delegating authority to a third party.

The Authorizing Party bears full legal responsibility for this authorization and undertakes not to raise any future grievances.

AUTHORIZED PARTY

(Signature and full name)

.....2026

AUTHORIZING PARTY

(Signature, full name and seal (if applicable))

Note:

The Phone number and Email address of the authorized representative must be specified in the Power of Attorney so that Bidiphar can provide a login account to the authorized representative.

Please submit the Power of Attorney, together with the Meeting Invitation and the Identity Card/Citizen Identity Card/Passport (original) of the authorized representative, to Bidiphar's address no later than 4:00 p.m. on April 18, 2026, for Bidiphar to issue a login account to the authorized representative.