

**Form to be used for announcing the acquisition or disposal of voting shares or voting rights pursuant
to 61§ of Capital Market Law**

1. Identity of the issuer or the underlying issuer of existing shares to which voting rights are attached: AutoWallis Plc.

2. Reason for the notification (please tick the appropriate box or boxes):

an acquisition or disposal of voting rights

an acquisition or disposal of financial instruments which may result in the acquisition of shares already issued to which voting rights are attached

an event changing the breakdown of voting rights

other

Other, please specify: shares provided for eligible employees in connection with employee share ownership plan

3. Full name of person(s) subject to the notification obligation: **AutoWallis ESOP Organisation**

4. Full name of shareholder(s) (if different from 3.):

5. Date of the transaction and date on which the threshold is crossed or reached: **27.10.2021**

6. Threshold(s) that is/are crossed or reached: 5%

7. Notified details:

Voting rights attached to shares							
Class/type of shares (if possible using the ISIN CODE)	Situation previous to the triggering transaction		Resulting situation after the triggering transaction				
	Number of shares	Number of voting rights	Number of shares	Number of voting rights		% of voting rights	
			Direct	Direct	Indirect	Direct	Indirect
AutoWallis Nyrt. Series „C” ordinary shares, (HU0000164504)	20,564,829	20,564,829	3,980,244	3,980,244	0	1.17%	0%
AutoWallis Nyrt. Series „C” ordinary shares, (HU0000185665)	0	0	0	0	0	0%	0%
SUBTOTAL A (based on aggregate voting rights)	20,564,829	20,564,829	3,980,244	3,980,244	0	1.17%	0%

8. If relevant, the chain of controlled entities through which the voting rights and / or financial assets are effectively held: -

9. In case of proxy voting: -

10. Additional information: -

Budapest, 27 October 2021.

Annex to the formⁱⁱ

a) Identify of the person subject to notification:

Full name (with legal form for legal persons): **AutoWallis ESOP Organization**

Address (or registered seat): **1055 Budapest, Honvéd utca 20.**

Phone number: **+36-1-551-5773**

Other information (in the case of legal person at least one contact person): **Kauzli Katalin**

b) Identify of the person subject to notification (if other person submit on behalf of point a):

Full name (with legal form for legal persons):

Address (or registered seat): Phone number:

Other information (in the case of legal person at least one contact person):

c) Additional information
