



Application for the allocation of increased voting rights (the "List") pursuant to Article 127-quinquies of Legislative Decree no. 58 of 24 February 1998

To be sent to **Ascopiave S.p.A. (the "Company")**

Via the Intermediary using one of the following certified e-mail addresses:
ascopiave@pec.ascocert.it and emittenti@pec.spafid.it.

Identification data for registration on the Voting Right Holder's List (the "Applicant"):

surname or company name

name

tax code

municipality of birth

province of birth

date of birth (dd/mm/aa)

nationality

residence or registered office

city

State

e-mail address

Telephone no.

Identification data of the party controlling the Applicant:

(only if the Applicant is a legal person or entity lacking legal personality subject to direct or indirect control)

Surname and name or company name

tax code

residence or registered office

Right in rem legitimizing the ownership of voting rights: (tick the relevant box)

<input type="checkbox"/> ownership	<input type="checkbox"/> bare ownership	<input type="checkbox"/> beneficial interest
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Shares for which registration on the List is requested:

No. of shares Applicant's account no.

Intermediary depositary

Applicant's statement

The Applicant, (i) **declares to have taken note** of the specific terms and conditions that the Issuer has established in the Bylaws and/or in the implementing regulation for the purpose of allocation, maintenance, loss and eventual waiver of increased voting rights, (ii) **declares** to have full formal and substantial ownership of the right **to vote** for the shares for which entry in the List is required by virtue of a legitimizing right in rem and (iii) **undertakes** to perform any reporting or additional obligation envisaged by the Bylaws and/or by the implementing regulation in order to register the shares on the List as well as ascertain the conditions for allocation, maintenance and loss of the increased voting right.

Date _____

The Applicant _____

(if the person signing the entry request acts on behalf of the holder of the voting right indicated above, indicate the personal details and the quality of the signatory)

surname and name

municipality of birth date of birth (dd/mm/yy) in the quality of