

Application for registration in the list in order to obtain increased voting rights (the List)

according to art. 127-quinquies of Legislative Decree no. 58 of 24 February 1998

To be send to milan.cus@bnpparibas.com

Identification data of the person/entity/party entitled to voting right (the Requesting Shareholder) to be registered in the List:

Last Name or Company Name																			
First name																			
Italian tax code (if any)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Place of birth																			
Date of birth (dd/mm/yyyy)	Citizenship																		
Address or registered office																			
Town	Country																		

Identification data of the controlling entity/person/party: *(only if the Requesting Shareholder is a legal entity or any other entity even without legal personality subject to direct or indirect control)*

Name or Company Name
Address or registered office

In rem right qualifying the voting right: *(check the relevant box)*

<input type="checkbox"/> ownership	<input type="checkbox"/> bare ownership	<input type="checkbox"/> usufruct	<input type="checkbox"/> (other, to specify)
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Shares to be registered in the List:

Number of shares	Issuer name
Account number	Depository Intermediary

Declaration of the Requesting Shareholder

The Requesting Shareholder hereby declares that he/she/it has full ownership, both formal and substantive, of the voting right related to the shares to be registered in the List and undertakes to promptly notify the Company and his/her/it Depository Intermediary of any loss, for any reason whatsoever, of the above-mentioned voting right and, in the case of a legal entity or any other entity even without legal personality subject to direct or indirect control, he/she/it further undertakes to promptly notify the change of control.

Date

The Requesting Shareholder

(if the signing party acts on behalf of the entity entitled to voting right, please fill in the following table including data relative to the signing party)

Name	
Place of birth	Date of birth (dd/mm/yyyy)
In the capacity of (to specify)	