

Request for registration in the list in order to obtain the double vote (the List)
according to art. 127-*quinquies* of Legislative Decree no. 58 of February 24, 1998

To (issuer name) (the Company)
(registered office)
To be advanced by e-mail to: **milan.cus@bnpparibas.com**

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

Last Name or Company Name _____
First name _____
Italian fiscal code (if any)

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Place of birth _____
Date of birth (ddmmccaa) _____ citizenship _____
Address or registered office _____
Town _____ Country _____

Identification data of the controlling entity/person: *(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: (bar the relevant box)

☐ ownership ☐ bare ownership ☐ usufruct ☐ (other, to specify) _____

Shares to be registered in the List:

number of shares _____ Issuer name _____
Account number _____ Depositary intermediary _____

Declarations of the Requesting Shareholder

The Requesting Shareholder declares:

- He/she/it takes due note of the specific terms and conditions set by the Company in order to grant, maintain or revoke as well as for the waiver of the double voting right;
- 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 of any loss, for any reason whatsoever, of the above mentioned voting right;
- 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 Company in the event of a change of control.

Date

The Requesting Shareholder _____ **The Depositary Intermediary** _____

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

Name _____
Place of birth _____ Date of birth (ddmmccaa) _____
In the quality of (to specify) _____