



The Diagnostic Specialist

Request for registration in the list in order to increase the voting right (the List)

To be sent to milan.cus@bnpparibas.com

Identification data of the party entitled by the voting right to be registered in the List (the Applicant):

Last Name or Company Name													
First name													
Italian fiscal code (if any)													
Place of birth													
Date of birth (ddmmccaa)										citizenship			
Address or registered office													
Town							Country						
e-mail address							Telephone						

Identification data of the Applicant's controlling 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: (tick the relevant box)

<input type="checkbox"/> ownership	<input type="checkbox"/> bare ownership	<input type="checkbox"/> usufruct
------------------------------------	-----------------------------------------	-----------------------------------

Shares to be registered in the List (the Shares):

Number of shares	Applicant's account
Depository intermediary	

Statement of the Applicant

The Applicant (i) **declares** that he/she/it took due note of the specific terms and conditions set by the Company in its By-laws and/or in its procedural regulation in order to grant, maintain or revoke the increased voting right, (ii) **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 (iii) **undertakes** to fulfill any communication or supplementary duty foreseen in the By-laws and/or in the procedural regulation of the Company in order to have the Shares registered in the List and in order to ascertain the entitlement of the Shares to be included or to be maintained in the List or in order to ascertain the loss of the increased voting right granted to the Shares.

Date

The Applicant _____

(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)	