

**Application for registration in the List for the allocation of increased voting rights
(the List)**

To be sent to: IREN S.p.A. (the Company)

Via the participating Intermediary via certified email to: iren@pecserviziolti.it and irenspa@pec.gruppoiren.it

**Identification data of the person entitled to voting rights required for registration to the List
(the Applicant)**

surname or title											
name											
tax code	<input type="text"/>										
municipality of birth											province of birth
date of birth (ddmmyyyy)	<input type="text"/>	nationality									
address or registered office (street)											
town											Country
Email address											Telephone number

Identification data of the Applicant's controlling party:

(if the Applicant is a legal entity or an entity without legal personality under direct or indirect control)

surname and name or title										
address or registered office										

Qualifying in rem right for the ownership of voting rights: (tick the appropriate box)

<input type="checkbox"/> full ownership	<input type="checkbox"/> bare ownership	<input type="checkbox"/> usufruct ownership
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Shares to be registered to the List:

no. shares	account no. of Applicant
Depositary Intermediary	

Declaration of the Applicant

The Applicant (i) **declares to have read and understood** the specific terms and conditions established by the Issuer in the By-Laws and/or the implementing regulation in order to grant, maintain or revoke increased voting rights, (ii) **declares** to have full ownership, both formally and substantially, of the voting rights of the shares to which the application refers and (iii) **agrees** to fulfil any communicative or additional duties required by the By-Laws and/or the implementing regulation for the registration of shares to the List and in order to ascertain the fulfilment of the criteria relative to the allocation, maintenance and loss of voting rights.

Date

The Applicant _____

(if the signatory acts on behalf of the holder of the voting rights indicated above, please give the personal details and capacity of the signatory)

Name and surname		
municipality of birth	date of birth (ddmmyyyy)	
in the capacity of (please specify)		