REQUEST FOR ENROLMENT IN THE LIST TO OBTAIN INCREASED VOTING RIGHT

(Article 127-*quinquies* of the TUF)

To be sent to: EQUITA GROUP S.P.A.

IDENTIFICATION DATA OF THE SHAREHOLDER REQUESTING ENROLMENT IN THE LIST FOR INCREASED VOTING RIGHT (THE "LIST"):

Last Name / Company Name:	
First Name:	
Italian Tax Code:	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Place / Town of Birth:	
Province of Birth:	
Date of Birth:	☐☐☐☐☐☐☐☐
Citizenship:	
Residence Address / 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 an entity without legal personality subject to direct or indirect control)*

Last Name and First Name / Company Name:
Residence Address / Registered Office:

LEGITIMATING REAL RIGHT:

(tick the relevant box)

Ownership ☐

Bare ownership ☐

Usufruct ☐

SHARES FOR WHICH THE ENROLMENT IN THE LIST IS REQUESTED:

no. shares
no. 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 concerning the granting, maintenance and loss of increased voting right, (ii) declares that he/she/it has the full formal and substantive ownership of the voting right related to the shares for which the enrolment in the List is requested, and (iii) undertakes to fulfil any reporting obligation or supplementary duty foreseen in the Bylaws and/or in the procedural regulation provided for the enrolment of the shares in the List and to verify the requirements for the granting, maintenance and loss of the increased voting right.

Date_____

Applicant's signature _____

(if the signing party acts on behalf of an entity entitled of the voting right, please fill in the following table the data and title of the signing party)

Last Name and First Name:
Place of Birth:
Date of Birth:
In the quality of (specify):