



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 be sent 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)	<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 (ddmmyyyy)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> citizenship																		
Address or registered office																			
Town	Country																		
e-mail address	Telephone																		

Identification data of the directly and/or indirectly 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

Shares to be registered in the List:

number of shares	Account number
Depository intermediary	

Declarations of the Requesting Shareholder

The Requesting Shareholder (i) declares that He/she/it tooks 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, (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 promptly notify the Company and the Depository intermediary of any loss, for any reason whatsoever, of the above mentioned voting right and of any changes of the above controlling entity.

Date

The Requesting Shareholder _____

(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 (ddmmyyyy)
In the quality of (to specify)	