IGD SIIQ

REQUEST FOR REGISTRATION IN THE LIST TO OBTAIN INCREASED VOTING RIGHTS PURSUANT TO ARTICLE 127-*QUINQUIES* OF LEGISLATIVE DECREE NO. 58 OF 24 FEBRUARY 1998 (THE "SPECIAL LIST")

To be sent to: *IGD SIIQ S.p.A., through the participating intermediary via certified email to: legal_igdsiiqspa@pec.gruppoigd.it* .

***

Identification details for registration in the Special List of voting rights holders (the "Applicant"):

Surname or Company name	
Name	
Tax code or VAT number	
City of birth	Country of birth
Date of birth (dd/mm/yyyy)	Nationality
Residence or registered office (street)	
City	Country
E-mail address	Telephone n.

Identification details of the entity controlling the Applicant (if the Applicant is a legal entity or entity without legal personality subject to direct or indirect control pursuant to Article 2359 of the Italian Civil Code and Article 93 of the TUF):

Surname and name or Company name
Residence or registered office

Real right entitling the ownership of the voting right: (tick only the relevant box)

☐	**Ownership**	☐	**Bare ownership**	☐	**Beneficial ownership**

Shares requiring registration in the Special List:

No. Of shares	Applicant's account no.
Custodian intermediary	

Applicant's statements

The Applicant *(i)* **declares** to have noted the specific terms and conditions that IGD SIIQ S.p.A. established in its Articles of Association and in the operating regulation for the allocation, retention, loss and waiver (in whole or in part) of the increased voting rights, *(ii)* **declares** to have full formal and substantive ownership of the voting rights for the shares for which it is requesting registration in the Special List and *(iii)* **undertakes** to fulfil any communication obligations or additional duties provided for in the Articles of Association and/or the operating regulations for the purposes of registering the shares in the Special List and assessing the conditions for the allocation, retention and loss of the increased voting rights.

Date _____

The Applicant _____

(if the person signing the application for registration is acting on behalf of the holder of the above-mentioned voting rights, provide the personal details and capacity of the signatory)

Surname and name	
City of birth	Date of birth (dd/mm/yyyy)
In the capacity of (specify)	