

This form can be signed by DIGITAL SIGNATURE in PDF format with reliable certificate or with qualified electronic signature according to EU Regulation 2014/910 (eIDAS Regulation) choosing the option "show signature in document" or by LEGIBLE SIGNATURE

## 0 Application form

☐ Application for approval of the supplement

<input type="checkbox"/>	Update to a submitted application for approval of the supplement [insert the date of that application in the cell to the side]	
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*The Update is required when information indicated in the Application for approval has changed over the period of scrutiny and it is submitted by filling out only the cells that need to be updated*

Place	Date
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SUPPLEMENT TO THE			
<input type="checkbox"/>	Prospectus	number and date of approval of the document to be supplemented	
<input type="checkbox"/>	Registration Document	number and date of approval of the document to be supplemented	
<input type="checkbox"/>	Securities Note	number and date of approval of the document to be supplemented	
<input type="checkbox"/>	Summary	number and date of approval of the document to be supplemented	
<input type="checkbox"/>	Universal Registration Document (URD)	number and date of approval of the document to be supplemented	

Indicate any Supplements, already approved by Consob, to the document that is being supplemented	
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Notes (if any)	
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☐ It is hereby stated that the persons applying for the approval of the supplement are the same persons who have submitted the application for approval of the document to be supplemented, as identified in point 2 above, and that there have been no changes in their identification data

If it is not possible to make the above declaration or if it requires to be updated, provide the following information:

[illegible]

NATURAL PERSON representing the legal person submitting the application for approval				
Name of the natural person	Title on the basis of which the natural person acts	Name of the legal person	PEC certified email (where available)	Contact details (email, tel.)

Notes (if any)	
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- 4 Contact point (Article 42(1) of Delegated Regulation (EU) 2019/980) and person authorised to make amendments to the application form and to the document attached thereto as well as to receive notifications from Consob and submit the information and documents requested for the approval

Name of the entity (*)	Name of the natural person	Telephone number	Mobile phone (optional)	Email address

(\*) Name of the relevant person and/or the law firm delegated by the relevant person

Notes (if any)	
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- 5 Request for OMISSION OF INFORMATION pursuant to Article 18 of Regulation (EU) 2017/1129

Does the applicant make a request for omission of information?		
Reason for omission	<input type="checkbox"/> Article 18(1)(a), Regulation (EU) 1129/2017	Specify the information for which the omission is requested and the related items of the relevant Annex
	<input type="checkbox"/> Article 18(1)(b), Regulation (EU) 1129/2017	
	<input type="checkbox"/> Article 18(1)(c), Regulation (EU) 1129/2017	

- 6 Request for PASSPORTING in accordance with Article 25 or Article 26 of Regulation (EU) 2017/1129

Does the applicant make or intend to make a request for passporting the prospectus?	
Please refer to the <a href="#">Application Form for Passporting</a>	

- 7 Documents which constitute ANNEXES to the application for approval

<input type="checkbox"/> Draft supplement
<input type="checkbox"/> Information incorporated by reference in the supplement, in accordance with Article 19 of Regulation (EU) 2017/1129 (Article 42(2)(c)), to be listed in the cell below
<input type="checkbox"/> (where applicable) Reasoned requests to authorise the omission of information from the supplement pursuant to Article 18 of Regulation (EU) 2017/1129 (Article 42(2)(d))
<input type="checkbox"/> Where the application form is not signed by digital signature, a copy of the identity card of the subscriber of the application form

<input type="checkbox"/>	<b>Further documents</b> which the relevant person deems useful to provide as annexes to the application form, including a brief description in the cell below

<b>Notes (if any)</b>	
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**8 DECLARATIONS**

By signing this application form, the subscribers certify and confirm, under their own responsibility, the truthfulness of all statements made in this application form and in the annexes thereto as well as those set out below:

<input type="checkbox"/>	The documents attached to the application form are true copies of the original documents
<input type="checkbox"/>	The documents attached to the application form are sent in searchable electronic format via electronic means (Article 42(1) of Delegated Regulation (EU) 2019/980)
<input type="checkbox"/>	The Issuer is not in one of the cases set out in Article 8-bis, paragraph 3, of the Issuers' Regulation

If any of the cases listed in Article 8-bis, paragraph 3, of the Issuers' Regulation apply, please provide details below:

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Where the document submitted for approval and attached to this application form contains information for which persons – indicated in point 1.1 of the Annexes to the Delegated Regulation (EU) 2019/980 – are responsible, other than those signing this application form:

<input type="checkbox"/>	the relevant person confirms having received from the persons responsible for certain parts of the document their consent for the inclusion of the declaration set out in point 1.2 of the annexes to the mentioned Delegated Regulation
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<b>Notes (if any)</b>	
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**9 SIGNATURE of the application form and its annexes, as an integral part thereof, by the relevant person referred to in point 3 above**

Relevant person	Name, surname and title of the subscriber	Signature of the application form (*)

(\*) Digital signature: in PDF format with trusted certificate or qualified electronic signature according to Regulation (EU) 2014/910 (eIDAS Regulation) choosing the option "show signature in document"  
Signature: in a legible way

<b>Notes (if any)</b>	
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