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

Application for approval of the SUPPLEMENT pursuant to Article 23 of Regulation (EU) 1129/2017

0 Application form

☐	**Application for approval of the supplement**		
☐	**Update to a submitted application for approval of the supplement [insert the date of that application in the cell to the side]**		*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*

1 Date and place of the application for approval or the update to a submitted application for approval

Place		Date	

2 Details related to the SUPPLEMENT submitted for approval

SUPPLEMENT TO THE		
☐ Prospectus	number and date of approval of the document to be supplemented	
☐ Registration Document	number and date of approval of the document to be supplemented	
☐ Securities Note	number and date of approval of the document to be supplemented	
☐ Summary	number and date of approval of the document to be supplemented	
☐ 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	

Notes (if any)	

3 Details related to the APPLICANTS

☐	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:

RELEVANT PERSON (LEGAL or NATURAL) submitting the application for approval				
Relevant person	Name	Registered office/Residence	PEC certified email (where available) or EMAIL	LEI Code/Fiscal Code

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)	

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)	

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	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**	
	Article 18(1)(b), Regulation (EU) 1129/2017		
	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 **Application Form for Passporting**	

7 Documents which constitute ANNEXES to the application for approval

Draft **supplement**
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:

	(*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))
	Where the application form is not signed by digital signature, a copy of the **identity card** of the subscriber of the application form
	Further documents which the relevant person deems useful to provide as annexes to the application form, including a brief description in the cell below

Notes (if any)	

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:

	The documents attached to the application form are true copies of the original documents
	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)
	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:

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:

	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

Notes (if any)	

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

Notes (if any)	