

PROXY FORM

I undersign	ed			
Surname:		Name:		
Place of birth	n:		Date of birth:	
or				
Company bu	isiness name:			<u> </u>
Address:				
	Permanent add	dress or registered office	Town	Prov.
Tax id no:				
Tel.:		E-mail.:		
		hereby appoint		
Surname:		Name:	_	
or				
Company bu	isiness name:			<u> </u>
With the fact	ulty of being substituted by:			
Surname:		Name:		
or				
Company bu	usiness name:			<u> </u>
to act on my offices of th	y behalf at the Shareholders' Mee le Notary Marchetti (single call)	eting of INWIT S.p.A. called on 28 Ju	ily 2020, at 3.00 p.m. hours, in M	ilan, Via Agnello 18, at the
with refe	erence to no	ordinary shares of INWIT		
or				
all the o	rdinary shares of INWIT for which t	he appropriate notification for attendan	ce at the Shareholders' Meeting ha	as been requested
	older must be substituted by the UF) and Section 106 of the Decre	Company's Designated Representa e Law no. 18/2020.	ative pursuant to Section 135-no	vies of Legislative Decree
DATE		SIGNATURE		
-	The proxy form may be sent in c address: INWIT S.p.A. Legal & Corporate Affairs Piazza Trento, 10	opy or notified to the Company, to be r	eceived by 27 July 2020, either on	paper to the following