

PROXY FORM

I undersigne	ed		
Surname:	Name:		
Place of birth	h:	Date of birth:	
or			
Company bu	usiness name:		
Address:		_	
	Permanent address or registered office	Town	Prov.
Tax id no:			
Tel.:	E-mail.:		
	hereby appoint		
Surname:	Name:		
or			
Company bu	usiness name:		
With the facu	ulty of being substituted by:		
Surname:	Name:		
or			
Company bu	usiness name:		
	y behalf at the Shareholders' Meeting of INWIT S.p.A. called on 6 Anne Notary Marchetti (single call)	April 2020, at 3.00 p.m. hours, in Mila	n, Via Agnello 18, at the
with reference to no ordinary shares of INWIT			
or			
all the ordinary shares of INWIT for which the appropriate notification for attendance at the Shareholders' Meeting has been requested			
	nolder must be substituted by the Company's Designated Represer (UF) and Section 106 of the Decree Law no. 18/2020.	ntative pursuant to Section 135-novi	es of Legislative Decree
DATE	SIGNATURE		
_	The proxy form may be sent in copy or notified to the Company, to address: INWIT S.p.A. Legal, Corporate Affairs & Compliance Piazza Trento, 10 00198 ROMA - ITALY or by fax to: +39 06 91254356, or by e-mail to the following add section of the website www.inwit.it/assemblea , where further information of the website www.inwit.it/assemblea , where further information for the toll-free number 800020220 (for calls from inside the telephone no: +39 011 2293603 (for calls from outside e-mail address: assemblea@pec.inwit.it	ress: <u>assemblea@pec.inwit.it</u> , or throution is available. le Italy),	