

PROXY FORM

I undersigned	1		
Surname:	Name:		
Place of birth:		Date of birth:	
or			
Company busi	iness name:		
Address:	Permanent address or registered office	Town	Drov
Tax id no:	Permanent address or registered office	TOWIT	Prov.
Tel.:			
i ei	E-mail.:		
	hereby appoint		
Surname:	Name:		
or			
Company busi	iness name:		
With the facult	y of being substituted by:		
Surname:	Name:		
or			
Company busi	iness name:		
to act on my be (single call)	ehalf at the Shareholders' Meeting of INWIT S.p.A. called on 27 March 2	2019, at 3.00 p.m. hours, in Rozzano	(Milan), Viale Toscana 3
with refere	ence to no ordinary shares of INWIT		
or	•		
	inary shares of INWIT for which the appropriate notification for attendan	ce at the Shareholders' Meeting has b	neen requested
all the ora	may ondice of intermition which the appropriate notification for attendant	of at the charcholders mostling has t	occin roquosica
DATE	SIGNATURE		
	The proxy form may be sent in copy or notified to the Company, to be address: INWIT S.p.A. Investor Relations Via Giovanni Battista de Rossi, 30 00161 ROMA - ITALY or by fax to: +39 06 91254356, or by e-mail to the following addressection of the website www.inwit.it/assemblea , where further information Requests for further clarifications or information may be made by: calling the toll-free number 800020220 (for calls from inside to the telephone no: +39 011 2293603 (for calls from outside Italian) e-mail address: assemblea@pec.inwit.it	ss: <u>assemblea@pec.inwit.it</u> , or through is available.	