

PROXY FORM

I undersigned			
Surname:	Name:		
Place of birth:		Date of birth:	
or			
Company business name:			
Address:		_	
	Permanent address or registered office	Town	Prov.
Tax id no:	_		
Tel.:	E-mail.:		
	hereby appoint		
Surname:	Name:		
or			
Company business name:			
With the faculty of being subst	tituted by:		
Surname:	Name:		
or			
Company business name:			
	areholders' Meeting of INWIT S.p.A. called on 20 April 2	017, at 3.00 p.m. hours, in Rozzano	(Milan), Viale Toscana 3
with reference to no.	ordinary shares of INWIT		
or			
all the ordinary shares of	INWIT for which the appropriate notification for attendance	ce at the Shareholders' Meeting has l	peen requested
DATE	SIGNATURE		
address: INWIT S.p.A. Investor Relation Via Giovanni B. 00161 ROMA - or by fax to: + section of the w Requests for fu callin	attista de Rossi, 30	ss: <u>assemblea@pec.inwit.it</u> , or throu n is available. taly),	