INWIT

PROXY FORM

		I undersigned			
Surname:		Name:			
Place of birt	h::		Date of birth:		
or					
Company bi	usiness name:			_	
Address:					
	Permanent add	ress or registered office	Town	Prov.	
Tax id no:					
Tel.:		E-mail.:			
		hereby appoint			
Surname:		Name:			
or					
Company bu	usiness name:			_	
With the fac	ulty of being substituted by:				
Surname:		Name:			
or					
	usiness name:				
		a of Inwit S. n. A. called on 10 April 20	016, at 3.00 p.m. in Rozzano (Milan),	- Vialo Toscana 3	
	erence to no				
or					
all the o	rdinary shares of Inwit for which the	notification of attendance at the Sha	areholders' Meeting has been reques	ted	
	(Date)	(S	ignature)		
	. ,		· · ·		
-	 The proxy form may be sent in copy or notified to the Company, to be received by 18 April 2016, by post to the following address: INWIT S.p.A. Segreteria Societaria 				
	Corso D'Italia n. 41 00198 ROME - ITALY				
	or by fax to: +39 06 91254356, or website www.inwit.it/en/agm whe	r by e-mail to the following address re further information is available.	:: <u>assemblea@pec.inwit.it</u> , or through	the specific section of the	
-	Requests for further clarifications o calling the toll-free nu o the telephone no: : +3	or information may be made by: nber 800020220 (for calls within Ital 9 011 2293603 (for calls from abroa	y), d),		
	o e-mail address: assen	<u>ndiea@pec.inwit.it</u> .			