

PROXY FORM

I undersign	ed		
Surname:	Name:		
Place of birt	h: Date of	f 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			
	valance name.		
	usiness name:	-	
With the fac	ulty of being substituted by:		
Surname:	Name:		
or			
Company bu	usiness name:		
to act on my (single call)	y behalf at the Shareholders' Meeting of INWIT S.p.A. called on 23 May 2018, at 11.0	0 a.m. hours, in Rozzano (Mila	ın), Viale Toscana 3
with refe	erence to no ordinary shares of INWIT		
	ordinary states of invert		
or			
all the o	ordinary shares of INWIT for which the appropriate notification for attendance at the SI	nareholders' Meeting has been	requested
DATE	SIGNATURE		