

PROXY FORM

l undersigned			
Surname:	Name:		
Place of birth:		Date of birth:	
or			
Company business name:			_
Address:			
	nent 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 substituted by	:		
Surname:	Name:		
or			
Company business name:			_
to act on my behalf at the Shareholder (single call)	s' Meeting of INWIT S.p.A. called on 12 April 20	019, at 3.00 p.m. hours, in Rozzan	o (Milan), Viale Toscana 3
with reference to no.	ordinary shares of INWIT		
or			
all the ordinary shares of INWIT fo	r which the appropriate notification for attendanc	e at the Shareholders' Meeting ha	s been requested
DATE	SIGNATURE		
address: INWIT S.p.A. Investor Relations Via Giovanni Battista de 00161 ROMA - ITALY or by fax to: +39 06 9 section of the website well Requests for further clar o calling the tol o the telephone	Rossi, 30 1254356, or by e-mail to the following address www.inwit.it/assemblea, where further information rifications or information may be made by: 1-free number 800020220 (for calls from inside It e no: +39 011 2293603 (for calls from outside Itals: assemblea@nec.inwit it	s: <u>assemblea@pec.inwit.it</u> , or throis available.	