

Request for registration in the list in order to increase the voting right (the List)

To be sent to CAIRO COMMUNICATION S.P.A. (the Company)

Through the Intermediary by certified e-mail to the following two addresses: cairocommunication@cairocommunication.legalmail.it and emittenti@pec.spafid.it

Identification data of the party entitled by the voting right to be registered in the List (the Applicant):

Last Name or Company Name																					
First name																					
Italian fiscal code (if any)																					
Place of birth																					
Date of birth (ddmmccaa)								cit	tizer	nship											
Address or registered office																					
Town										C	oun	try									
e-mail address										Т	elep	hon	е								
Identification data of the any other entity even without le	gal	persoi						_	-				eque	estin	g Sh	nare	ho	lder	s a	leg	al entity or
Last and First Name or Company	y Na	me		1				1	1				1		ı	1				<u> </u>	
Italian fiscal code (if any)																					
Place of birth				1	_				ı												
Date of birth (ddmmccaa)												cit	ize	nship)						
Address or registered office																					
In rem right qualifying the voting right: (tick the relevant box)																					
							la ! .a							.			1				
ownership			D	are	ow	ners	nıp						us	sufru	ıct						
Shares to be registered in the List (the Shares):																					
Number of shares	umber of shares Applicant's account																				
Depository intermediary																					
Statement of the Applicar	nt																				
The Applicant (i) declares Company in its By-laws and, voting right, (ii) declares the related to the shares to be supplementary duty foresee have the Shares registered it to be maintained in the List Shares.	or it hat e reconstruction in the construction	n its he/sl egiste the e Lis	prod ne/it ered By-l t and	edui has in t aws I in d	ral fu the an ord	regu II ov Lis d/or ler to	ulation vner tar in to aso	on i ship nd (the cert	n o , b iii) pro ain	rder oth f unc cedu	to g orn lert ural enti	grar nal t ak e reg itler	nt, and es gula nei	maind sure to a tion of the tion of tion of the tion o	ntai bsta fulfi of the	n oi anti II a the Sh	r r ve iny e C	evol , of , co Comp res t	the the mm bany	ne vo un / ir e ir	increased iting right ication or order to icluded or
Date																					
The Applicant																					
(if the signing party acts on behalf of the entity entitled of the voting right, please fill in the following table including data relating to the signing party)																					
Last and First Name Name																					
Place of birth										Date	of b	irth	(d	dmm	cca	a)					
In the quality of (to specify)	_			_	_		_	_	_		_	_	_	_	_	_	_	_	_	_	