

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

### To be sent to GAROFALO HEALTH CARE S.p.A. (the Company)

Through the Intermediary by certified e-mail to: registerservices@pec.euronext.com and ghcspa@legalmail.it

### Identification data of the party entitled to 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 \_\_\_\_\_

Day of birth (dd/mm/aa) \_\_\_\_\_

Citizenship \_\_\_\_\_

Address or registered office \_\_\_\_\_

Town \_\_\_\_\_

Country \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_

### Identification data of the Applicant's controlling party:

*(only if the Requesting Shareholder is a legal entity or any other entity even without legal personality subject to direct or indirect control)*

Name or Company Name \_\_\_\_\_

Address or registered office \_\_\_\_\_

### In rem right qualifying the voting right: (tick the relevant box)

<input type="checkbox"/> ownership	<input type="checkbox"/> bare ownership	<input type="checkbox"/> usufruct
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### Shares to be registered in the List (the Shares):

Number of Shares: \_\_\_\_\_

Applicant's account \_\_\_\_\_

Depository intermediary: \_\_\_\_\_

### Statement of the Applicant

The Applicant (i) **declares** that he/she/it took due note of the specific terms and conditions set by the Company in its By-laws and/or in its procedural regulation in order to grant, maintain or revoke the increased voting right, (ii) **declares** that he/she/it has full ownership, both formal and substantive, of the voting right related to the shares to be registered in the List and (iii) **undertakes** to fulfill any communication or supplementary duty under the By-laws and/or the procedural regulation of the Company in order to have the Shares registered in the List and in order to ascertain the entitlement of the Shares to be included or to be maintained in the List or in order to ascertain the loss of the increased voting right granted to the Shares.

Place \_\_\_\_\_

Date \_\_\_\_\_

The Applicant \_\_\_\_\_

*(if the signing party acts on behalf of the entity entitled to the voting right, please fill in the following table including data relating to the signing party)*

Name \_\_\_\_\_

Place of birth \_\_\_\_\_

Date of birth (dd/mm/aa) \_\_\_\_\_

In the quality of (to specify) \_\_\_\_\_