

**INFORMATION PROVIDED PURSUANT TO ARTICLE 21  
OF THE D.LGS N° 231 AS OF 21<sup>ST</sup> NOVEMBER 2007 AND SUBSEQUENT AMENDMENTS**

The undersigned..... provides the following personal information under his/her responsibility and is aware of the consequences that false statements may entail:

**1. Occupation:**

- pensioner                                       housewife                                       student
- public employee/private(company) .....
- business owner (company).....
- independent professional(profession).....
- other .....

**2. Residence (Country): \_\_\_\_\_(City) \_\_\_\_\_(CAP)\_\_\_\_\_**  
(Address) \_\_\_\_\_

- 3. Politically exposed person:**                                       yes                                       no
- 4. Person related to politically exposed person:**                                       yes                                       no
- 5. Person related to listed company:**                                       yes                                       no
- 6. Person liable to obtain privileged information:**                                       yes                                       no

**7. Public person / VIP:**                                       yes                                       no

**8. Person subject to legal proceedings:**                                       yes                                       no  
Motivation\_\_\_\_\_  penal                                       civil

**9. Italian political Local:**                                       yes                                       no

**10. U.S. Person:**                                       yes                                       no

- 11. Source of Property:**                                       employment income     business income     inheritance
- real estate                                       self-employment     financial return
  - pension                                       family income

- 12. Main income source:**                                       employment income     business income     inheritance
- real estate                                       self-employment     financial return
  - pension                                       family income

- 13. Estimated total property (€):**                                       0-100,000                                       100,000-500,000
- 500,000-2,000,000     2,000,000-10,000,000
  - > 10,000,000

- 14. Net annual earning capacity (€):**                                       0-50,000                                       50,000-100,000
- 100,000-500,000     500,000-1,000,000

(TAX RETURN+INCOMES+LEASING)                                       1,000,000-2,000,000     > 2,000,00

- 15. Percentage of property to be held by the fiduciary company for the current operation:**
- not very substantial    (less than 25%                                      point 13)
  - substantial                                      (between 26% and 75%                                      point 13)
  - very substantial                                      (more than 75%                                      point 13)

**16. Professionals that introduced you to the fiduciary company\_\_\_\_\_**

17. Credit institutions used: \_\_\_\_\_

18. Motivation of the contract: \_\_\_\_\_ (\*)

19. Subject entitled to hold relationships with the fiduciary company, if any  
born in \_\_\_\_\_ tax code number \_\_\_\_\_ e-mail \_\_\_\_\_

\*\*\*\*\* ● \*\*\*\*\*

- I declare that the above data represent my actual conditions.
- I declare to be aware that this declaration will be processed to comply with the obligations set by the Italian Legislative Decree n°231 as of 21st November 2007 and I consent to this purpose.
- I explicitly mandate you to issue the above data to the authorised intermediaries upon reasoned request, pursuant to and by effect of the Italian Legislative Decree n° 231 as of 21st November 2007 and I consent to this purpose.
- I declare I will notify any further variation of the information concerning the contract.

Contact information: Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_

Signature

Enclosed documents: Identity document and Tax code number

(\*)need for confidentiality in the buying and selling of shares; representation at the meeting of shareholders and bondholders; existence of a clear corporate conflict; professional need for counseling and corporate planning, tax and financial; support in the identification of potential financial partners for the procurement of venture capital; estate planning financial and tax for individuals; protection, conservation and heritage protection; protection of privacy; discretion and confidentiality of information relating to its balance sheet; reorganization of family assets; the need to appoint a replacement tax; need / request for application of the system of assets under administration or management; participation in judicial auctions; trusteeship of private contracts.