

Request for inclusion in the special list with increased voting rights (the “List”)

pursuant to article 127-quinquies of legislative decree 24 February 1998 n. 58 (“TUF”)

To **Hera S.p.A.** (the “Company”)
Viale Carlo Berti Pichat 2/4
40127 Bologna

To be sent by the Intermediary, by electronic mail, to: heraspa@pec.gruppohera.it and hera@pecserviziotitoli.it

Identification of the party to be included in the list as holder of the voting rights (the “Applicant”):

surname or company name
first name
tax code
town of birth
province of birth
date of birth (dd/mm/yy)
nationality
residence or registered offices
city
country

Identification of the Applicant’s controlling party:

(only if the Applicant is a legal entity or entity without legal personality subject to direct or indirect control)

surname and first name or company name
residence or registered offices

Shares for which the Applicant requests to be included in the List:

number of shares
registered name
account number
depository intermediary

Statement of the Applicant

The Applicant declares:

- that he/she has taken note of the specific conditions and terms that the Company has established as to the allocation, maintenance, loss and possible waiver of the increased voting rights;
- to have full ownership, formally and substantively, of the right to vote by virtue of a qualifying *in rem* right;
- in the case of a natural person, that he/she shall notify the Company and the intermediary of the loss, for any reason, of that qualifying *in rem* right and/or of the associated voting right, within 5 business days from the date of that loss and in any case within the record date if previous;
- in the case of a legal entity or any other entity even without legal personality, that is shall notify the Company and the intermediary of the loss, for any reason, of that qualifying *in rem* right and/or of the associated voting right and furthermore, where appropriate, of any change in control, within 5 business days from the date of that loss or, where appropriate, of the change in control and in any case within the record date if previous.

Date _____

The Applicant _____

(if the person signing the application represents the owner of the voting rights indicated above, include below the general information and qualification of the signatory)

Surname and name
Tax code

town of birth
date of birth (gg/mm/aa)
nationality
acting as (specify)