

Application for registration in the list for assignment of loyalty share (the "List")

To be sent to Technogym S.p.A. (the "Company")

through the participating intermediary by certified email to
TECHNOGYM.AMMINISTRAZIONE@LEGALMAIL.IT

with copy to Spafid S.p.A. by certified email to
EMITTENTI@PEC.SPAFID.IT

Identification details for registration in the List of the holder of the voting right (the "Applicant"):

surname or business name	
name	
tax code	□□□□□□□□□□□□□□□□
municipality of birth	province of birth
date of birth (ddmmccyy) □□□□□□□□ nationality	
residence or registered office (street name)	
city	State
email address	Telephone no

Identification details of the party controlling the Applicant:

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

surname and name or business name	
residence or registered office	

Right in rem entitling to ownership of the voting right: (tick the appropriate box)

<input type="checkbox"/> ownership	<input type="checkbox"/> bare ownership	<input type="checkbox"/> usufruct
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Shares for which registration in the List is requested:

number of shares	Applicant's account number
Depository intermediary	

Applicant's Declarations

The Applicant (i) **declares to have acknowledged** the specific terms and conditions established by the Issuer in the Articles of Association and/or in the regulations for implementation for the purpose of assignment, retention and loss of the loyalty share, (ii) **declares** to have full formal and substantive ownership of the voting right for the shares for which registration in the List is requested and (iii) **undertakes** to fulfil any disclosure requirement or additional commitment required by the Articles of Association and/or by the regulations for implementation for the purpose of registration of the shares in the List and for assessment of the conditions for assignment, retention and loss of the loyalty share.

Date

The Applicant _____

(if the person signing the application for registration is acting as representative of the holder of the voting right specified above, please state the details and capacity of the signatory)

Surname and name	
municipality of birth	date of birth (ddmmccyy)
in the capacity of (specify)	