

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 Monte Titoli S.p.A. by certified email to
RegisterServices@pec.euronext.com

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)

☐ ownership

☐ bare ownership

☐ usufruct

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)