

Complete the required information	n, sign and send the form to the Company as per the in	nstructions provided	at the bottom of the form ¹
Mr./Ms. ²	born in	on	Tax Code
resident in (city)	at (street address)		
holder of Openiobmetis	shares		
held in share account ³ no	at	Bank Code .	Branch Code
pursuant to communication no.4	atissued by		
	DELEGATES		
to appear and represent him/her at the Ordin Via Ugo Tarchetti 2, Milan, at the NH Tourin	nary Shareholders' Meeting of Openjobmetis S.p.A. Agenz	zia per il lavoro to be he	eld on 20 April 2017 at 9:00 a.m., at
The undersigned, 6			
DECLARES that he/she has entitlement to	the voting rights attached to the shares and executes this er of sub-delegation $\ \square$ secured creditor $\ \square$ stock borrowe		, , , , ,
DATE Identity Document ⁷ (type	<i>pe)</i> issued by no	SIGNATUF	RE
Instructions			

¹ The original Proxy Form must be sent to the delegate who presents it to the Company at registration. An advance copy of the form can be sent directly to the Company by registered mail to the registered office of the Company or by certified e-mail to assemblea@pec.openjob.it.

² Indicate name/surname or company name of shareholder as stated on the communication issued to the Company by the authorized intermediary.

³ Provide number of share account, in addition to bank and branch code of authorized intermediary (or name of institution) as they appear on the account

⁴ Details of communication sent by authorized intermediary and name of intermediary, if different from institution where share account is held.
⁵ Provide name and surname of delegated.
⁶ Indicate name and surname of holder of voting rights and capacity if other than owner of above shares.

⁷ Provide reference details of valid identity document of the proxy signatory.