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ABI Code	MT Account No.	Seq. No.
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SUBSCRIPTION FORM

OFFER OF **No. 1,161 AMPLIFON SHARES** FOR WHICH THE WITHDRAWAL RIGHT WAS EXERCISED
 Offer ratio: **1 Share** for every **194,806 option** held, at **€ 29.555** per share
 offer period: **June 10TH to July 9TH, 2024, inclusive**

To: **Amplifon S.p.A.** c/o **Aholding S.r.l.**, via Circonvallazione n. 5, 10010 Banchette (Torino)

I, THE UNDERSIGNED,

<i>(name of person or entity holding Amplifon shares)</i>	
..... tax code/VAT no.
date of birth	place of birth (city, country)..... nationality
resident in/registered office (city, country)..... at (street address)	

DECLARE:

- that I am aware that the offer of shares of Amplifon S.p.A. (**Amplifon**) in relation to which the withdrawal right was exercised (**Shares**), was filed with the Companies' Register of Milan, pursuant to Article 2437-*quater*, paragraph 2, of the Italian Civil Code and made available on Amplifon's corporate website at <https://corporate.amplifon.com> on June 7th, 2024 (**Offer**), as well as published in the daily newspaper "MILANO FINANZA" on June 8th, 2024, and that I fully agree with the terms and conditions provided therein;
- that I did not exercise, within the expiration of the period provided for under Article 2437-*bis* of the Italian Civil Code, and in relation to Amplifon shares to which option rights are granted, as specified below (**Options**), the withdrawal right, pursuant to Article 2437, paragraph 1, of the Italian Civil Code following the resolution of the Extraordinary Shareholders' Meeting of Amplifon, held on April 30th, 2024, which approved the increased voting rights mechanism;
- that I hold Amplifon shares for which the right of withdrawal was not exercised and that, therefore, I hold the related Options;
- that I understand that subscription to the Offer is irrevocable;
- that (1) I am resident and physically present in Italy; or (2) I am resident and physically present in one of the Member States of the European Union (other than Italy) and I am a qualified investor as defined under the Regulation (EU) 2017/1129 of the European Parliament and of the Council of 14 June 2017; or (3) I am not resident in a country referred to in (2) above and I am resident and physically present in a country where the offer of securities described herein does not require regulatory authorization and I am entitled to purchase Shares as described below without being subject to any legal restriction and without any further action required by the Company.

AS HOLDER OF no. **Options**
 : **194,806** = (rounded down to the nearest whole number)

I INTEND TO PURCHASE no. **Shares** at a price per share of
 x **€ 29.555** =

FOR WHICH I UNDERTAKE TO PAY € on the date which is to be announced (**Settlement Date**).

I also **REQUEST** to purchase, on a **PRE-EMPTIVE RIGHT** basis, pursuant to Article 2437-*quater*, paragraph 2, of the Italian Civil Code,
 no. Shares
 remaining unsold at the end of the Offer period at a price per share equal to
 x **€ 29.555**
FOR WHICH I UNDERTAKE TO PAY, on the Settlement Date which is to be announced, €

I UNDERSTAND that, should the number of Shares remained unsold at the end of the Offer period be lower than the total number of shares requested under pre-emption right, an allotment will be made among all shareholders exercising their pre-emptive right, *pro rata* to the number of Options exercised, and that the number of Shares allotted to me under pre-emption will be communicated within the Settlement Date by my depository intermediary, to whom

I ISSUE irrevocable authorization to pay Amplifon the full purchase amount, as determined above, for the Shares acquired, on the understanding that payment of the above aggregate purchase price and the settlement of the Shares will occur on the Settlement Date, which is to be announced.

I CONFIRM, under my responsibility, to all legal effects, the accuracy of the data contained in this Subscription Form.

(date) (signature of subscriber or authorized representative, in case of a legal person)

Personal details of individual signing on behalf of a legal person

<i>(First name and surname)</i>	position:
date of birth	place of birth (city, country).....
resident in (city, country)..... at (street address)	

THE INTERMEDIARY

(name)
 (Contact details) Tel. E-mail

(Intermediary's stamp and signature)