

BIC[1] UniCredit Bank SA: BACXROBU

ATTN: RO UCT HO Operations – Account Maintenance & Reporting

DIVIDEND CLAIM FORM

The undersigned[2] _____,
domiciled at[3] _____, identified
by ID card series __, no. _____, issued by _____, on _____, valid until
_____, personal identification number _____ **OR** passport no. _____, issued by
_____, on _____, personal identification number _____, shareholder
registration no. _____ of UniCredit Bank SA, I request the payment of the due dividends
distributed by UniCredit Bank SA for the closed financial year 2015, in the following bank account
no. _____ **OR** IBAN no. _____ held
at[4] _____

[1] Bank Identification Code

[2] Name of the shareholder

[3] Full address

[4] Name of the bank and BIC code where the payment should be effected
