Request Form for the inclusion in the special list for assigning increased voting rights (the Special List)

To be sent to: Datalogic S.p.A. (Datalogic or the Company)
Through the participating Intermediary, via certified email to the following two addresses: emittenti@pec.spafid.it and votomaggiorato@pec.datalogic.com.

Identification details of holder of voting rights for the inclusion in the Special List (the Applicant):

surname or company name	
name	
tax identification code	

place of birth	province of birth
date of birth (ddmmyyyy)	nationality
residence or registered office (Via)	
city	Country
Email address	Telephone no.

Identification details of the Applicant's controlling party:
(if the Applicant is a legal person or entity without legal personality subject to direct or indirect control)

surname and name or company name	
residence or registered office	

Entitlement establishing the right to vote: *(tick the relevant box)*

☐ ownership	☐ bare ownership	☐ usufruct

Shares for which the Applicant requests to be included in the Special List :

no. of shares	Applicant's account no.
depositary intermediary	

Statement of the Applicant
The Applicant (i) **declares that** he/she has taken note of the specific terms and conditions set by the Company in the Articles of Association and/or in the implementing regulation regarding the assignment, maintenance and loss of increased voting rights; (ii) **declares that** he/she has full ownership, formally and substantively, of the right to vote by virtue of a qualifying in rem right rights for the shares requiring registration in the Special List and (iii) **undertakes** to comply with any communication obligations or additional obligations stipulated in the Company's Articles of Association and/or the implementing regulation for the purposes of registering the shares in the Special List, as well as verifying that the prerequisites exist for the assignment, maintenance and loss of increased voting rights.

Date ....

The Applicant _____
(should the signatory of this request form be representing the holder of the aforementioned voting rights, kindly provide the details and capacity of the signatory)

Surname and name	
place of birth	date of birth (ddmmyyyy)
in the capacity of (specify)	