

## **PROXY FORM**

I undersigned				
Surname:		Name:		
Place of birth:	Date of birth:			
or				
Company busines	ss name:			
Λ dduccc.				_
Address:	Permanent address or registered of	office	Town	
Tax id no:	· ·			
	<del></del>			
Tel.:		E-mail.:		
	h	ereby appoint		
Surname:		Name:		
or				
Company busines	ss name:			_
With the faculty o	of being substituted by:			
Surname:		Name:		
or		_		_
or				
Company busines	ss name:			_
to act on my beh	alf at the Shareholders' Meeting of TIM S.p.A. cal	lled on 24 April 201	18, at 11.00 a.m., in Rozzano (Milar	ı), Viale Toscana 3 (single
with reference	ee to no ordinary shar	roo of TIM		
with reference	e to no ordinary snar	es of TIM		
or				
all the ordina	ary shares of TIM for which the appropriate notifica	ition for attendance	e at the Shareholders' Meeting has b	een requested
DATE	SIG	SNATURE		
_				
	ne proxy form may be sent in copy or notified to ddress:	the Company, to	be received by 23 April 2018, either	er by post to the following
TII	M S.p.A.			
Co	orporate Affairs - Ref. Proxy			
	a Gaetano Negri n. 1			
	0123 MILAN - ITALY	azionisti@noc tolo	comitalia it or through the specia	lly created coction of th
OI M/C	by e-mail to the following address: <u>assemblea</u> ebsite <u>www.telecomitalia.com/agm</u> , where further in	nformation is avails	able	ny Greateu Section on th
	equests for further clarifications or information may		ubio.	
- 100	o calling the toll-free number 800020220 (fo		Italy).	
	o the telephone no: +39 011 2293603 (for c	calls from outside It	alv).	
	e mail address: assembles azionisti@pec	tolocomitalia it	<i>J</i> / r	