



Important Notice
The Depository Trust Company

B #:	0621-13
Date:	April 18, 2013
To:	All Participants
Category:	Dividends
From:	International Services
Attention:	Operations, Reorg & Dividend Managers, Partners & Cashiers
Subject:	<u>Tax Relief</u> – Country: Italy Telecom Italia S.p.A. CUSIP: 87927Y102 <u>Record Date:</u> 04/24/2013 <u>Payable Date:</u> 05/02/2013 <u>EDS Post Payable Cut-Off:</u> 05/24/2013 8:00 P.M

Participants can use DTC's Elective Dividend System (EDS) function over the Participant Terminal System (PTS) or Tax Relief option on the Participant Browser System (PBS) web site to certify all or a portion of their position entitled to the applicable withholding tax rate. Participants are urged to consult the PTS or PBS function TAXI or TaxInfo respectively before certifying their elections over PTS or PBS.

Important: Prior to certifying tax withholding elections, participants are urged to read, understand and comply with the information in the Legal Conditions category found on TAXI or TaxInfo in PTS or PBS respectively.

Questions regarding this Important Notice may be directed to GlobeTax 212-747-9100.

Important Legal Information: The Depository Trust Company ("DTC") does not represent or warrant the accuracy, adequacy, timeliness, completeness or fitness for any particular purpose of the information contained in this communication, which is based in part on information obtained from third parties and not independently verified by DTC and which is provided as is. The information contained in this communication is not intended to be a substitute for obtaining tax advice from an appropriate professional advisor. In providing this communication, DTC shall not be liable for (1) any loss resulting directly or indirectly from mistakes, errors, omissions, interruptions, delays or defects in such communication, unless caused directly by gross negligence or willful misconduct on the part of DTC, and (2) any special, consequential, exemplary, incidental or punitive damages.

To ensure compliance with Internal Revenue Service Circular 230, you are hereby notified that: (a) any discussion of federal tax issues contained or referred to herein is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties that may be imposed under the Internal Revenue Code; and (b) as a matter of policy, DTC does not provide tax, legal or accounting advice and accordingly, you should consult your own tax, legal and accounting advisor before engaging in any transaction.

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Non-Confidential

Telecom Italia (OTC: TI) has announced a 0.020 € cash dividend per ordinary share with regard to the dividend fiscal year 2012. J.P. Morgan Chase Bank acts as Depositary for the company's American Depositary Receipt ("ADR") program.

On ADR Pay Date, all holders will receive this dividend net of the full Italian statutory withholding tax rate of 20%.

Subsequent to the payment date on which the dividend less the 20% withholding tax will be paid, beneficial owners may reclaim the difference between the statutory rate and the beneficial owner's rate of entitlement by submitting the required documentation to J.P. Morgan Chase Bank "J.P. Morgan". There will be four documentation deadlines set within the time frame of four months from record date. J.P. Morgan will convert the refunds to USD at the prevailing exchange rate on the day the refund is received.

DIVIDEND EVENT DETAILS	
COUNTRY OF ISSUANCE	ITALY
ISSUE	Telecom Italia S.p.A.
CUSIP#	87927Y102
DEPOSITARY	J.P. MORGAN CHASE
ADR RECORD DATE	April 24, 2013
ADR PAY DATE	May 2, 2013
ADR GROSS DIVIDEND RATE ON PAY DATE	0.200 €
ORD GROSS DIVIDEND RATE ON PAY DATE	0.020 €
RATIO	10 ORD : 1 ADR
STATUTORY WHT RATE	20.00%

CHARGES & DEADLINES				
BATCH	PAYMENT METHOD	DEPOSITARY SERVICE CHARGE	MINIMUM SERVICE CHARGE PER BENEFICIAL OWNER	DEADLINE
PRIMARY "QUICK REFUND" BATCH	EDS	\$0.005 per ADR	\$25	May 24, 2013
SECOND "QUICK REFUND" BATCH	CHECK	\$0.005 per ADR	\$25	June 21, 2013
THIRD "QUICK REFUND" BATCH	CHECK	\$0.005 per ADR	\$25	July 24, 2013
FOURTH AND FINAL "QUICK REFUND" BATCH	CHECK	\$0.005 per ADR	\$25	August 12, 2013

LONG-FORM				
BATCH	PAYMENT METHOD	DEPOSITARY SERVICE CHARGE	MINIMUM SERVICE CHARGE PER BENEFICIAL OWNER	DEADLINE
LONG-FORM RECLAIMS	CHECK	\$0.005 per ADR	\$25	April 1, 2017

Long form claims will only be accepted after the final "quick refund" window has closed. We encourage beneficiaries to file long form only as a last resort alternative to "quick refund. This important notice does not contain instruction or the required exhibit forms to file long-form claims.

ELIGIBILITY MATRIX

RATE DESCRIPTION	RECLAIM RATE	ELIGIBLE RESIDENTS	DOCUMENTATION REQUIRED
EXEMPT - 0% ITALIAN CORPORATE ENTITIES	20%	ITALIAN CORPORATE ENTITIES	1) VISURA CAMERALE
EXEMPT - 0% RESIDENTS OF KUWAIT	20%	KUWAIT (ALL ENTITIES)	1) COVER LETTER 2) CERTIFICATE OF RESIDENCE 3) FORM 1
EXEMPT - 0% US STATE ENTITIES	20%	US GOVERNMENTAL ENTITIES WITH A FORM 6166 THAT SPECIFIES THE RESIDENT AS "THE STATE"	1) COVER LETTER 2) IRS FORM 6166 FOR STATE ENTITIES 3) FORM 1
FAVORABLE- 1.375%	18.625%	EU/EEA CORPORATE ENTITIES (See "Appendix A")	1) COVER LETTER 2) EU CORP. CERT. OF RESIDENCE 3) FORM 4
FAVORABLE - 10%	10%	ALBANIA, ARMENIA, BOSNIA-HERZEGOVINA, BULGARIA, CHINA, ETHIOPIA, GEORGIA, HUNGARY, JORDAN, MALAYSIA, OMAN, POLAND, ROMANIA, RUSSIAN FEDERATION, SAUDI ARABIA, SERBIA, SYRIA, SINGAPORE, TANZANIA, UZBEKISTAN, VENEZUELA	1) COVER LETTER 2) CERTIFICATE OF RESIDENCE 3) FORM 1
FAVORABLE - 11%	9%	EU/EEA PENSION FUNDS (See "Appendix A")	1) COVER LETTER 2) EU PENSION CERT. OF RESIDENCE 3) FORM 5
FAVORABLE - 15%	5%	ALGERIA, ARGENTINA, AUSTRALIA, AUSTRIA, BANGLADESH, BELARUS, BELGIUM, BRAZIL, CANADA, COTE D'IVOIRE, CROATIA, CYPRUS, CZECH REPUBLIC, DENMARK, ECUADOR, ESTONIA, FINLAND, FRANCE, GERMANY, GHANA, GREECE, ICELAND, INDONESIA, IRELAND, ISRAEL, JAPAN, KAZAKHSTAN, KOREA (REPUBLIC OF), LATVIA, LITHUANIA, LUXEMBOURG, MACEDONIA (FORMER YUGOSLAVE REPUBLIC OF), MALTA, MAURITIUS, MEXICO, MOROCCO, MOZAMBIQUE, NETHERLANDS, NEW ZEALAND, NORWAY, PHILIPPINES, PORTUGAL, QATAR, SENEGAL, SLOVAKIA, SLOVENIA, SOUTH AFRICA, SPAIN, SRI LANKA, SWEDEN, SWITZERLAND, TUNISIA, TURKEY, UGANDA, UKRAINE, UNITED ARAB EMIRATES, UNITED KINGDOM, UNITED STATES, VIET NAM, ZAMBIA	1) COVER LETTER 2) CERTIFICATE OF RESIDENCE (IRS FORM 6166 FOR US BENEFICIARIES) 3) FORM 1

DESCRIPTION OF VARIOUS DOCUMENTATION			
DOCUMENT NAME	DESCRIPTION	ORIGINAL / COPY	SIGNATURE REQUIREMENT
VISURA CAMERALE	Copy of an Italian identity card "Visura Camerale" issued to the Italian company holding shares on record date. A "Visura Camerale" can be obtained through the Italian tax authorities	COPY	NONE
COVER LETTER (EXHIBIT 1)	Listing of Beneficial Owner information.	ORIGINAL	DTC PARTICIPANT
CERTIFICATION OF RESIDENCE	Must be for the same tax year of the dividend and must be dated prior to the pay date. This form is only required if the Local Tax Authority of the beneficial owner does not sign the appropriate section of the Form 1.	ORIGINAL	LOCAL TAX AUTHORITY
FORM 1 (EXHIBIT 2) FORM 4 (EXHIBIT 3) FORM 5 (EXHIBIT 4)	These forms MUST be printed out as SINGLE PAGE/ DOUBLE SIDED DOCUMENTS	ORIGINAL	FRONT: BENEFICIAL OWNER SIGNATURE BACK: LEAVE BLANK
EU CORPORATE CERTIFICATE OF RESIDENCE	An original COR for the tax year of the dividend provided that that form is dated prior to the pay date and mentions that the beneficial owner is subject to "Article 2 of Directive 90/435/EEC July 1990"	ORIGINAL	LOCAL TAX AUTHORITY
EU PENSION CERTIFICATE OF RESIDENCE	An original COR for the tax year of the dividend provided that that form is dated prior to the pay date and explicitly states that the beneficial owner is a pension.	ORIGINAL	LOCAL TAX AUTHORITY
IRS FORM 6166	Must be certified for the tax year of the dividend, dated prior to the local pay date, and contain the wording "...for purposes of U.S. taxation".	ORIGINAL	IRS REPRESENTATIVE

AN IMPORTANT NOTE ABOUT REQUIREMENTS CONCERNING POWER OF ATTORNEY AND EXHIBIT 5 (SELF CERTIFIED POA) OF THIS NOTICE

Signing Exhibits 2, 3, or 4 on behalf of the Beneficial Owner:

The "BENEFICIAL OWNER" section of the Exhibits 2, 3, and 4 (FORM 1, FORM 4, FORM 5) must contain an ORIGINAL signature from the beneficial owner.

If a signature cannot be obtained from the beneficial owner, a representative may sign on their behalf only if the following is submitted:

1. An ORIGINAL Power of Attorney signed by the beneficial owner to the entity signing on their behalf.

OR BOTH OF THE FOLLOWING:

1. A copy of EITHER a Power of Attorney (POA), a Trust Agreement, or a Custody Agreement signed by the beneficial owner to the entity signing on their behalf which mentions the signing entity.
2. An ORIGINAL Exhibit 5 (Self Certified Power of Attorney), printed on the letterhead of the signing entity authorized on the copy of the POA, Trust Agreement, or Custody Agreement. Signed by the individual who will be signing the exhibit 2, 3, or 4 on the beneficial owner's behalf.

AN IMPORTANT NOTE ABOUT SEQUENTIAL DATING AND FORMATTING OF EXHIBITS 2, 3 AND 4

It is required that the above referenced exhibits are presented as single page, double sided documents.

It is required that each exhibit form is dated SEQUENTIALLY; meaning specifically that:

The date next to the signature in the "DECLARATION OF BENEFICIARY" section on the front of the Exhibit 2, 3, OR 4 must be before the date listed on the beneficial owner's CERTIFICATE OF RESIDENCE (IRS FORM 6166, for U.S. residents).

MINIMUM SHARE AMOUNT REQUIRED TO FILE A CLAIM

(CLAIMS RECEIVED BELOW THE FILING MINIMUM WILL BE REJECTED)

BENEFICIAL OWNER'S WITHHOLDING TAX RATE OF ENTITLEMENT	RATE OF RECLAIM	MINIMUM # OF ADRS REQUIRED TO FILE (BASED OFF AN APPROX. EXCHANGE RATE OF 1.3208 EURO PER USD)
0.00%	20.00%	480 ADR SHARES
1.375%	18.625%	520 ADR SHARES
10.00%	10.00%	950 ADRS SHARES
11.00%	9.00%	1100 ADR SHARES
15.00%	5.00%	2000 ADR SHARES

CONTACT DETAILS

PRIMARY CONTACT	CHARLES GROVER
DOMESTIC PHONE (U.S.)	1-800-929-5484
DOMESTIC FAX (U.S.)	1-800-929-9986
INTERNATIONAL PHONE	1-212-747-9100
INTERNATIONAL FAX	1-212-747-0029
EMAIL ADDRESS	CHARLES_GROVER@GLOBETAX.COM
COMPANY	JPMORGAN / GLOBE TAX
STREET ADDRESS	90 BROAD STREET 16 TH FLOOR
CITY/STATE/ZIP	NEW YORK, NY 10004
ADDITIONAL CONTACT	GREGGORY LEWIS

ESP

powered by **GLOBETAX**

GlobeTax offers ESP, an electronic withholding tax submission system. This system allows for the secure and simplified transfer of beneficial owner level data from the Broker of record to GlobeTax, and creates documentation on the Broker's behalf.

Please note that all entity types must be indicated as either INDIVIDUAL, CORPORATION, GOVERNMENT, or PENSION.

Charities, Foundations, Trusts, Investments Funds, Etc. should be listed under the CORPORATION entity type .

Submit the data online through the web site below, print out the documents and present them as indicated in pages 2 through 4 of this important notice mail them, along with the other necessary required documents (tax certifications, and POA as required) to the following address:

GlobeTax
90 Broad Street – 16th Floor
New York, NY 10004-2205
Attn: Telecom Italia

These claims should be submitted through the following website (requires a one-time registration):

<https://www.globetaxesp.com>

Appendix A

LIST OF COUNTRIES WHERE CORPORATE ENTITIES MAY BENEFIT FROM THE APPLICATION OF THE 1.375% ITALIAN WITHHOLDING TAX RATE, AND PENSIONS MAY BENEFIT FROM THE 11.00% ITALIAN WITHHOLDING TAX RATE:

EU member states

- Austria
- Belgium
- Bulgaria
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- United Kingdom

European Economic Area (EEA)

- Norway

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G b e k l g l a r g n l
G a n l q b e p r g n l n d r f c q p t g a c q n p m g b e b H J N n p e l A f q l i a n l r e k n r e b f e p e l b r f c q a g r l a c n p m g b e b r f c g p e p n l r f c
q f p e q s l b e p g e r f c B P q r f c G a p e p ' c e p e c m g b e k l g l b e d l b f m b l b q t e H J N n p e l A f q l i r f c G a p e p l b r f e p
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Sincerely,

[Signature of authorized signatory for DTC Participant]

[NAME AND TITLE OF AUTHORIZED OFFICER FOR DTC PARTICIPANT]

PAYMENT ADDRESS: _____

FORM 1

ITALIAN DIVIDENDS CERTIFICATION FOR RELIEF AT SOURCE
CERTIFICAZIONE PER RITENUTA RIDOTTA SU DIVIDENDI ITALIANI

THE PRESENT FORM IS VALID FOR DIVIDENDS PAID DURING 2012* / LA PRESENTE RICHIESTA E' VALIDA PER DIVIDENDI PAGATI NEL 2012*

Part I Parte I		DECLARATION OF THE BENEFICIARY DICHIARAZIONE DEL BENEFICIARIO	
Section A Sezione A		BENEFICIARY DETAILS DETTAGLI DEL BENEFICIARIO	
Name of Beneficial Owner / Nome/Ragione sociale del Beneficiario		Internal Reference / Riferimento Interno	
Address / Indirizzo		Place of birth / Luogo di nascita	Date of birth and sex / Data di nascita e sesso
Fiscal Code / Codice Fiscale	Country / Paese		Postal Code / Codice Postale
Name of Authorized Official / Legal Representative / Nome del Rappresentante legale		Address of the Authorized Official / Legal Representative / Domicilio del Rappresentante legale (Indirizzo)	
City / Città	Fiscal Code / Codice Fiscale	Country / Paese	Postal Code / Codice Postale
Section B Sezione B		DECLARATION-REQUEST OF THE BENEFICIARY DICHIARAZIONE-RICHIESTA DEL BENEFICIARIO	
The undersigned "beneficiary" (name of authorized official/legal representative, if signed on behalf of the beneficial owner) Il sottoscritto "beneficiario" (Nome del rappresentante legale, se firmato per conto del beneficiario finale)			
<p>DECLARES (please check the appropriate boxes): DICHIARA (barrare la relativa casella):</p> <p><input type="checkbox"/> That the above mentioned beneficial owner is the final beneficiary of the dividend and that the above mentioned beneficial owner is resident inin pursuance of the Agreement mentioned in Part II; <i>Che il suddetto è l'effettivo beneficiario del dividendo e che il suddetto è residente in ai sensi della Convenzione riportata nella Parte II;</i></p> <p>That he (it) does not perform an industrial or commercial activity in Italy through a permanent establishment in pursuance of the Agreement reported on Part II directly connected with the mentioned dividend; <i>Di non svolgere attività industriale o commerciale per mezzo di una stabile organizzazione in Italia ai sensi della Convenzione riportata nella Parte II direttamente connessa ai menzionati dividendi;</i></p> <p>To be an individual or to be a juridical entity with the provisions requested by the Double Taxation Agreement mentioned in Part II and therefore subject to taxation pursuant to laws or liable to taxation inby reason of residence in..... <i>Di essere persona fisica o di essere una persona giuridica con i requisiti richiesti dal Trattato contro le Doppie Imposizioni riportato nella Parte II soggetta a tassazione secondo la legge.....oppure assoggettabile ad imposta sul territorio delin ragione della sua residenza in.....</i></p> <p><input type="checkbox"/> (Only in case of International Organizations) That per established agreement and according to the Italian Law No. of published in the Gazzetta Ufficiale della Repubblica Italiana No. of income on dividends are completely exempt from taxation. <i>(Solo in caso di Organizzazioni Internazionali) Che come da accordi e a seguito della legge Italiana N..... del..... pubblicata sulla Gazzetta Ufficiale Italiana N.....deli dividendi sono totalmente esenti da ogni tassazione.</i></p> <p>ASKS (please check the appropriate boxes): CHIEDE (barrare la relativa casella):</p> <p><input type="checkbox"/> For the reduction of withholding tax levied at source on dividends as per art. 27-ter of Decree 600/73 as according to the Double Taxation Agreement reported in Part II. <i>La riduzione della tassazione sui dividendi di cui all'art. 27-ter del D.P.R. 600/73 in applicazione del Trattato Contro le Doppie Imposizioni riportato nella Parte II</i></p> <p><input type="checkbox"/> For the total exemption of withholding tax on the above mentioned dividends, as according to the law No..... of.....published in the Gazzetta Ufficiale della Repubblica Italiana No..... of..... (Only in case of international organizations). <i>La completa esenzione della ritenuta sui dividendi summenzionati, in applicazione della legge N. del.....pubblicata sulla Gazzetta Ufficiale Italiana N. del , del Governo della Repubblica Italiana (Solo in caso di Organizzazioni Internazionali)</i></p>			

I do hereby certify, under penalty of perjury, that the above information is true, correct and complete and that I am (we are) authorized legal representative of the beneficiary named above. I authorize BNP Paribas Securities Services to keep this form in its office.

Inoltre qui certifico che, sotto pena di falsa dichiarazione, le informazioni sopra menzionate sono veritiere, corrette e complete e che io (Noi) sono il legale rappresentante del suddetto beneficiario. Autorizzo BNP Paribas Securities Services a conservare questo documento nei propri uffici.

* We commit ourselves to communicate any new circumstances that may impede the application of the Double Taxation Agreement with in the expiration date above.

Ci impegniamo a comunicare ogni nuovo fatto che potrebbe impedire l'applicazione del Trattato contro le Doppie Imposizioni nei limiti temporali sopra riportati.

Signed and Stamped

Firma e Timbro.....

Signature of the Beneficiary (or the authorized official or Legal Representative)

Firma del Beneficiario (o legale Rappresentante)

Date:

Date:

FORM 1

Part II Part II	DOUBLE TAXATION AGREEMENT REFERENCE (not required for International Organizations) ESTREMI DEL TRATTATO CONTRO LE DOPPIE IMPOSIZIONI (non richiesta per Organizzazioni Internazionali)
Double Taxation Agreement signed between the Italian Republic and.....signed on..... ratified by law N.....of... .. Trattato contro le Doppie Imposizioni sottoscritto dalla Repubblica Italiana e dalla.....firmata ilratificata dalla legge N.. del	

Part III Parte III	FOREIGN FISCAL AUTHORITIES DECLARATION (not required for International Organizations) DICHIARAZIONE DELL'AUTORITÀ FISCALE ESTERA (non richiesta per Organizzazioni Internazionali)		
Name of the Foreign Fiscal Authority's Office / Nome dell'Ufficio dell'Autorità fiscale estera		<input type="checkbox"/> This Declaration is attached as a separate form <i>Questa Dichiarazione è allegata in un formato differente</i>	
Domicile (address) / Domicilio (indirizzo)		City / Città	
Telephone number - Fax number / Numero di telefono – Numero di Fax	Country / Paese		Postal Code / Codice Postale
<p>We certify that the above mentioned beneficiary of dividends is for tax purposes resident in this country in accordance with the existing Double Taxation Agreement and (please check the appropriate box)</p> <p><i>Certifichiamo che il summenzionato beneficiario dei dividendi è residente ai fini fiscali in questo paese in accordo con l'esistente Trattato contro le Doppie imposizioni e (barrare la relativa casella)</i></p> <p><input type="checkbox"/> That he is in this country subject to income taxes on dividends and that the statements made in part Part I - Sections A and B, by the recipient himself are true to the best of the knowledge of this Tax Department. <i>Che è soggetto a tassazione sui dividendi percepiti e che le dichiarazioni contenute nella Parte I - Sezioni A e B, dal beneficiario stesso, sono esatte per quanto risulta a questa Amministrazione fiscale</i></p> <p><input type="checkbox"/> That he is liable to taxation in by reason of residence in the and that the statements made in part Part I - Sections A and B, by the recipient himself are true to the best of the knowledge of this Tax Department. <i>Che è assoggettabile ad imposta sul territorio del in ragione della sua residenza nel..... e che le dichiarazioni contenute nella Parte I - Sezioni A e B, dal beneficiario stesso, sono esatte per quanto risulta a questa Amministrazione fiscale</i></p> <p>Date / Data: Signed and stamped / Firma e timbro:</p>			

Part IV Parte IV	DECLARATION OF FIRST LEVEL BANK DICHIARAZIONE DELLA BANCA DI PRIMO LIVELLO		
Name of the First Level Bank / Nome della Banca di Primo Livello			
Domicile (address) / Domicilio (indirizzo)		City / Città	
SWIFT CODE - CODICE SWIFT	Country / Paese		Postal Code / Codice Postale
<p>We hereby certify that the information reported in Part I is as originally declared. BNP Paribas Securities Services will apply the tax reduction in respect to the Double Taxation Agreement reported in Part II or in respect to the Italian Law reported in Part I - section B (for International Organisations) only having proper certification for us of each position paid to the above mentioned beneficiary.</p> <p><i>Dichiariamo che la soprariportata dichiarazione del beneficiario è autentica. BNP Paribas Securities Services potrà procedere ad applicare la ritenuta ridotta in base al trattato contro le Doppie Imposizioni riportato nella parte II o in base alla legge italiana riportata nella Parte I - Sezione B (per Organizzazioni Internazionali) solo a seguito di una nostra certificazione delle posizioni pagate al beneficiario che verrà di volta in volta rilasciata.</i></p> <p>Date / Data: Signed and stamped / Firma e timbro:</p>			

FORM4

**CERTIFICATION FOR THE APPLICATION OF THE REDUCED WITHHOLDING TAX
PURSUANT TO ART. 27, NO. 3-TER OF PRESIDENTIAL DECREE No. 600/1973**
CERTIFICAZIONE PER L'APPLICAZIONE DELLA RITENUTA RIDOTTA DI CUI ALL'ART. 27, CO. 3-TER, DPR n. 600/1973
 THE PRESENT APPLICATION IS VALID FOR DIVIDEND PAYMENTS OUT OF 2011 AND FF. YEARS PROFIT, PAID DURING 2012*
 LA PRESENTE RICHIESTA E' VALIDA PER LE DISTRIBUZIONI DI UTILI RELATIVI ALL'ANNO 2011 e SS., PAGATI NEL 2012*

Part I <i>Parte I</i>	BENEFICIAL OWNER BENEFICIARIO EFFETTIVO		
Section A <i>Sezione A</i>	IDENTIFICATION OF BENEFICIAL OWNER IDENTIFICAZIONE DEL BENEFICIARIO EFFETTIVO		
Name of organisation that is the Beneficial Owner/Ragione sociale del Beneficiario Effettivo		Internal reference number**/Riferimento Interno**	
Residence address/Legal seat/Indirizzo di residenza/Sede legale	City or Town/Città	Postal Code/Codice Postale	Country/Paese
Fiscal Code/Codice Fiscale			
Authorised Officer/Legal Representative/Rappresentante legale			
Name/Nome		Residence or domicile address/Indirizzo di domicilio o residenza	
City or Town/Città	Postal Code/Codice Postale	Country/Paese	Fiscal Code/Codice Fiscale
Section B <i>Sezione B</i>	DECLARATION OF BENEFICIAL OWNER DICHIARAZIONE DEL BENEFICIARIO EFFETTIVO		
<p>The undersigned _____ (name of authorised officer/legal representative, if signed on behalf of the beneficial owner) hereby declares that the above mentioned organisation: <i>Il sottoscritto _____ (nome del rappresentante legale, se firmato per conto del beneficiario finale) dichiara che il succitato soggetto:</i></p> <p>1. <i>is the beneficial owner of the dividend related to the shares deposited on the safekeeping account no. _____;</i> 1. <i>è l'effettivo beneficiario dei dividendi relativi alle azioni depositate sul conto di custodia n. _____;</i></p> <p>2. <i>does not have a permanent establishment located in Italy to which the above dividends are attributable;</i> 2. <i>non possiede in Italia una stabile organizzazione cui siano attribuibili i predetti dividendi;</i></p> <p>3. <i>is a resident of _____ (Country of residence) within the meaning of the Italy/_____ Double Tax Agreement (indicate the applicable Double Tax Agreement), as per the certificate issued by the Tax Authorities of _____ (Country) herewith attached;</i> 3. <i>risiede ai fini fiscali in _____ (Stato), ai sensi del Trattato contro le doppie imposizioni tra Italia e _____ (indicare il Trattato applicabile), come da certificazione rilasciata dalle autorità fiscali _____ (nazionalità) allegata alla presente;</i></p> <p>4. <i>is resident in _____ (Country) according to the _____ (Nationality) tax law;</i> 4. <i>è residente in _____ (Stato) ai sensi della legislazione fiscale _____ (nazionalità);</i></p> <p>5. <i>in the aforementioned country of residence it is subject to the _____ (indicate the appropriate name of the corporate income tax as denominated in your country of residence);</i> 5. <i>nel Paese di residenza è assoggettato alla _____ (indicare il nome dell'imposta sul reddito delle società come denominata nel Paese di residenza).</i></p>			

I do hereby certify, under penalties of perjury, that the information in this form is true, correct and complete and that I am (we are) the beneficial owner(s) or the authorized legal representative(s) of the beneficial owner named above of all the income to which this form relates. I authorize BNP Paribas Securities Services to keep this form in its office.

Con la presente certifico, sotto pena di falsa dichiarazione, che le informazioni contenute nel presente modulo sono veritiere, corrette e complete e che Io (Noi) sono il beneficiario effettivo o il(i) legale(i) rappresentante(i) del suddetto beneficiario per il reddito a cui questo modulo si riferisce. Autorizzo BNP Paribas Securities Services a conservare questo documento nei propri uffici.

Signed and Stamped

Firma e Timbro

Signature of the Beneficial Owner (or the authorized officer or Legal Representative of the Beneficial Owner)
 Firma del Beneficiario Effettivo (o legale Rappresentante del Beneficiario Effettivo)

Date (DD/MM/YY):

Date (GG/MM/AA): _____

* The beneficiary commits itself to communicate any new circumstances that may impede the application of the regime set forth in Art. 27, no. 3-ter of Presidential Decree No. 600/73 with in the expiration date of this document.

Il beneficiario si impegna a comunicare ogni nuovo fatto che potrebbe impedire l'applicazione delle disposizioni di cui all'art. 27, co. 3-ter del DPR n. 600/73 entro il termine di validità del presente documento.

** To be filled in by BNP Paribas Securities Services.

Da compilarsi da parte di BNP Paribas Securities Services

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FORM4

Part II	DECLARATION OF FIRST LEVEL BANK		
Parte II	DICHIARAZIONE DELLA BANCA DI PRIMO LIVELLO		
Name of the First Level Bank / Nome della Banca di Primo Livello			
Domicile (address) / Domicilio (indirizzo)		City / Città	
SWIFT CODE - CODICE SWIFT	Country / Paese	Postal Code / Codice Postale	
<p>We hereby certify that the information reported in Part I is as originally declared. BNP Paribas Securities Services will apply the tax reduction in respect to the regime set forth in article 27, no. 3-ter of Presidential Decree n. 600/1973 only if provided in advance of the payment with a proper declaration from us attesting each position for which the entity indicated in Section A above is the beneficiary of the payment.</p> <p><i>Dichiariamo che la soprariportata dichiarazione del beneficiario è autentica. BNP Paribas Securities Services potrà procedere ad applicare la ritenuta ridotta in base alle disposizioni di cui all'art. 27, co. 3-ter del DPR n. 600/1973 solo se, prima del pagamento, le verrà fornita una nostra dichiarazione attestante le posizioni per le quali l'entità indicata nella suddetta Sezione A è l'effettivo beneficiario del pagamento.</i></p> <p>Date (DD/MM/YY)/ Data (GG/MM/AA): _____ Signed and stamped / Firma e timbro: _____</p>			

FORM5**DECLARATION FOR THE REQUEST OF APPLICATION OF THE REDUCED WITHHOLDING TAX**

DICHIARAZIONE AI FINI DELLA RICHIESTA DI APPLICAZIONE DELLA RITENUTA RIDOTTA DI CUI ALL'ART. 27-ter, Co. 1 e ART 27, Co. 3, DPR 600/1973

THE PRESENT APPLICATION IS VALID FOR DIVIDENDS PAID DURING 2012*
LA PRESENTE RICHIESTA E' VALIDA PER LE DISTRIBUZIONI DI UTILI EFFETTUATE NELL'ANNO 2012*

Part I Parte I	BENEFICIAL OWNER BENEFICIARIO EFFETTIVO		
Section A Sezione A	IDENTIFICATION OF BENEFICIAL OWNER IDENTIFICAZIONE DEL BENEFICIARIO EFFETTIVO		
Name of organisation that is the Beneficial Owner/Ragione sociale del Beneficiario Effettivo		Internal reference number**/Riferimento Interno**	
Residence address/Legal seat/Indirizzo di residenza /Sede legale	City or Town /Città	Postal Code/Codice Postale	Country/Paese
Fiscal Code/Codice Fiscale			
Authorised Officer/Legal Representative/Rappresentante legale			
Name/Nome		Residence or domicile address/Indirizzo di domicilio o residenza	
City or Town/Città	Postal Code/Codice Postale	Country/Paese	Fiscal Code/Codice Fiscale
Section B Sezione B	DECLARATION OF BENEFICIAL OWNER DICHIARAZIONE DEL BENEFICIARIO EFFETTIVO		
<p>The undersigned _____ (name of authorised officer /legal representative, if signed on behalf of the beneficial owner) hereby declares that the above mentioned organisation: Il sottoscritto _____ (nome del rappresentante legale, se firmato per conto del beneficiario finale) dichiara che il succitato soggetto:</p> <p>1. is the beneficial owner of the dividend related to the shares deposited on the safekeeping account no. _____; 1. è l'effettivo beneficiario dei dividendi relativi alle azioni depositate sul conto di custodia n. _____;</p> <p>2. does not have a permanent establishment located in Italy to which the above dividends are attributable; 2. non possiede in Italia una stabile organizzazione cui siano attribuibili i predetti dividendi;</p> <p>3. is a resident of _____ (Country of residence) within the meaning of the Italy/ _____ Double Tax Agreement (indicate the applicable Double Tax Agreement), as per the certificate issued by the Tax Authorities of _____ (Country) herewith attached; 3. risiede ai fini fiscali in _____ (Stato), ai sensi del Trattato contro le doppie imposizioni tra Italia e _____ (indicare il Trattato applicabile), come da certificazione rilasciata dalle autorità fiscali _____ (nazionalità) allegata alla presente;</p> <p>4. is resident in _____ (Country) according to the _____ (Nationality) tax law; 4. è residente in _____ (Stato) ai sensi della legislazione fiscale _____ (nazionalità);</p> <p>5. is liable to taxation in the aforementioned country of residence and is set up as a pension fund subject to supervision pursuant Directive 2003/41/EC ; 5. è assoggettabile a tassazione nel succitato Paese di residenza ed è istituito come fondo pensione sottoposto a vigilanza ai sensi della Direttiva 2003/41/CE.</p>			
<p>and asks for the application of the reduced tax rate of 11% pursuant art. 27, no. 3 of Presidential Decree 600/1973 e chiede l'applicazione della ritenuta nella misura ridotta dell'11% ai sensi dell'art. 27, co. 3 del DPR 600/1973</p>			

I do hereby certify, under penalties of perjury, that the information in this form is true, correct and complete and that I am (we are) the beneficial owner(s) or the authorized legal representative(s) of the beneficial owner named above of all the income to which this form relates. I authorize BNP Paribas Securities Services to keep this form in its office.

Con la presente certifico, sotto pena di falsa dichiarazione, che le informazioni contenute nel presente modulo sono veritiere, corrette e complete e che Io (Noi) sono il beneficiario effettivo o il(i) legale(i) rappresentante(i) del suddetto beneficiario per il reddito a cui questo modulo si riferisce. Autorizzo BNP Paribas Securities Services a conservare questo documento nei propri uffici.

Signed and Stamped

Firma e Timbro

Signature of the Beneficial Owner (or the authorized officer or Legal Representative of the Beneficial Owner)
Firma del Beneficiario Effettivo (o legale Rappresentante del Beneficiario Effettivo)

Date (DD/MM/YY):

Date (GG/MM/AA): _____

- * The beneficiary commits itself to communicate any new circumstances that may impede the application of the regime set forth in Art. 27, no. 3 of Presidential Decree No. 600/73 with in the expiration date of this document.
Il beneficiario si impegna a comunicare ogni nuovo fatto che potrebbe impedire l'applicazione delle disposizioni di cui all'art. 27, co. 3 del DPR n. 600/73 entro il termine di validità del presente documento.
- ** To be filled in by BNP Paribas Securities Services.
Da compilarsi da parte di BNP Paribas Securities Services

FORM5

Part II Parte II	DECLARATION OF FIRST LEVEL BANK DICHIARAZIONE DELLA BANCA DI PRIMO LIVELLO		
Name of the First Level Bank / <i>Nome della Banca di Primo Livello</i>			
Domicile (address) / <i>Domicilio (indirizzo)</i>		City / <i>Città</i>	
SWIFT CODE - CODICE SWIFT	Country / <i>Paese</i>		Postal Code / <i>Codice Postale</i>
<p>We hereby certify that the information reported in Part I is as originally declared. BNP Paribas Securities Services will apply the tax reduction in respect to the regime set forth in article 27, no. 3 of Presidential Decree n. 600/1973 only if provided in advance of the payment with a proper declaration from us attesting each position for which the entity indicated in Section A above is the beneficiary of the payment.</p> <p><i>Dichiariamo che la soprariportata dichiarazione del beneficiario è autentica. BNP Paribas Securities Services potrà procedere ad applicare la ritenuta ridotta in base alle disposizioni di cui all'art. 27, co. 3 del DPR n. 600/1973 solo se, prima del pagamento, le verrà fornita una nostra dichiarazione attestante le posizioni per le quali l'entità indicata nella suddetta Sezione A è l'effettivo beneficiario del pagamento.</i></p> <p>Date (DD/MM/YY)/ <i>Data (GG/MM/AA)</i>: _____ Signed and stamped / <i>Firma e timbro</i>: _____</p>			

(EXHIBIT 5)
DTC Participant Letter Head

Date:

Power of Attorney

The undersigned (name of legal representative) is hereby authorized by the (DTC Participant name) to sign on behalf of our client (Beneficial Owner Name) in processing Italian Tax Reclaims. Declares, for the purpose of requesting that the Italian Tax Administration refund the excess Italian tax contribution assessed on income withheld at its source.

This Power of Attorney shall remain in effect until terminated by either party providing five days prior written notice of its intent to terminate to the other party.

Company Name: _____
 - _____
 - _____

(Stamp with Company stamp or seal)

Depository #: DTC #_____

Signature of legal representative

Name: (of legal rep.)

Title:

Date:

Place: