

TRANSFER REQUEST REGISTERED ADMINISTERED

To be sent to:

Uptevia

Mouvements

Les Grands Moulins de Pantin
9 rue du Débarcadère
93761PANTINCEDEX
FAX:33140149390

I the undersigned,

Ms / Mrs / Mr				Given name		
(strike out as appropriate) (For legal entities: surname of the signing party)			(For legal entities: first name of the signing party)			
0						
Company name			SIRET	legal entities)		
Date and place of birth		at	Phone			
	(DD/MM/YYYY)		(man	datory)		
Shareholder number		E mail				
(Account number)		E-IIIdII				
Adress						
Auless						
Zip code		City		Country		
2.p 0000						
Give irrevocably instructs (Jptevia to transfer my sha	ares in administered re	egistered in the follow	ring conditions :		
Name of the plan ¹			ISIN Code			
Number of shares						
Number of shares	(in words)					
	(III Words)		_			
	(in figures)					
Name of the correspondent	٠.					
Member number with Euroclear France:						
Beneficiary account number of your bank/broker with this						
correspondent in France:						
Name of the manager of the account:						
Forms to be provided:						
	ned : A Bank Account identity ablishment domiciliated in Fr		entity (RIP), Savings Acc	count identity (RICE), of the securities account,		
	ies, powers of attorney for th		s extract dating from thre	ee months <u>must</u> be provided along with a copy of		
	,	,				
By signing the present do establishment's correspondent		that the liability of U	ptevia is limited to th	ne delivery of the securities to the recipient		
	Signed in		on	Signature :		
	Signed in		on	Signature :		
						

1 Please indicate the Issuer Name.