

I the undersigned,

Ms / Mrs / Mr <small>(strike out as appropriate)</small>	Name _____ <small>(For legal entities: surname of the signing party)</small>	Given name _____ <small>(For legal entities: first name of the signing party)</small>
Company name _____		SIRET _____ <small>(For legal entities)</small>
Date and place of birth <input type="text"/> at _____ <small>(DD/MM/YYYY)</small>		Phone _____ <small>(mandatory)</small>
Shareholder number <input type="text"/> <small>(Account number)</small>	E-mail _____	
Address _____		
Zip code <input type="text"/>	City _____	Country _____

Give irrevocably instructs Uptevia to transfer my shares in administered registered in the following conditions :

Name of the plan ¹	<input type="text"/>	ISIN Code	<input type="text"/>
Number of shares	<input type="text"/> <small>(in words)</small>		
	<input type="text"/> <small>(in figures)</small>		

Name of the correspondent :	<input type="text"/>
Member number with Euroclear France :	<input type="text"/>
Beneficiary account number of your bank/broker with this correspondent in France :	<input type="text"/>
Name of the manager of the account :	<input type="text"/>

Forms to be provided:

-  Must be attached : A Bank Account identity (RIB), Postal Account identity (RIP), Savings Account identity (RICE), of the securities account, open in an establishment domiciliated in France, to credit.
-  For legal entities, powers of attorney for the signing parties or a Kbis extract dating from three months must be provided along with a copy of the front and back of a valid identity card (identity card or passport)

By signing the present document, I acknowledge that the liability of Uptevia is limited to the delivery of the securities to the recipient establishment's correspondent in France.

Signed in _____ on _____ Signature : _____

1 Please indicate the Issuer Name.