

I the undersigned,

| | | |
|--|---|--|
| Ms / Mrs / Mr (strike out as appropriate) | Name _____ (For legal entities: surname of the signing party) | Given name _____ (For legal entities: first name of the signing party) |
| Company name _____ | SIRET _____ (For legal entities) | |
| Date and place of birth <input type="text"/> at _____ (DD/MM/YYYY) | Phone _____ (mandatory) | |
| Shareholder number <input type="text"/> (Account number) | 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"/> (in words) | |
| <input type="text"/> (in figures) | |

| | |
|---|----------------------|
| 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 :
