

## 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,

| 1 <u> </u>   |  |                               |  |     |
|--|--|-------------------------------|--|-----|
| Ms / Mrs / Mr  | Name   |                               | Given name   |     |
| (strike out as appropriate)  | (For legal entities: surname of the signi  | ng party)                     | (For legal entities: first name of the signing party)  |     |
| ,  | , ,  |                               |  |     |
| Company name   |  |                               | SIRET  |     |
| - · · ·  |  |                               | (For legal entities)                                   |     |
| Data and place of high   | -4   |                               | Phone  |     |
| Date and place of birth  | at   |                               | (mandatory)  |     |
|  | (DD/MM/YYYY)   |                               | (mandatory)  |     |
| Observation to the control of  |  |                               |  |     |
| Shareholder number   |  | E-mail                        |  |     |
| (Account number)   |  |                               |  |     |
| Adress   |  |                               |  |     |
|  |  |                               |  |     |
| Zip code   | City   |                               | Country  |     |
| ·  |  |                               |  |     |
| Give irrevocably instructs Uptevia to transfer my shares in administered registered in the following conditions :  |  |                               |  |     |
| Name of the plan <sup>1</sup>  |  | ISIN                          | l Code   |     |
| i i  |  |                               |  |     |
|  |  |                               |  | _   |
| Number of shares   |  |                               |  |     |
|  | (in words)   |                               |  |     |
|  |  |                               |  |     |
|  |  |                               |  |     |
|  | (in figures)   |                               |  |     |
|  |  |                               |  |     |
|  |  |                               |  |     |
|  |  |                               |  |     |
| Name of the correspondent:   |  |                               |  |     |
| 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:  |  |                               |  |     |
| 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 <u>must</u> be provided along with a copy of the front and back of a valid identity card (identity card or passport) |  |                               |  |     |
| a.s none and k   | and the second of the second o | - 11 1 <b>7 7</b>             |  |     |
| By signing the present do establishment's correspond   |  | e liability of Uptevia is lin | nited to the delivery of the securities to the recipie | ent |
|  | Signed in  | <b>A B</b>                    | Signatura  |     |
|  | Signed in  | on                            | Signature :  |     |
|  |  |                               |  |     |
|  |  |                               |  |     |
|  |  |                               |  |     |
|  |  |                               |  |     |
|  |  |                               |  |     |
|  |  |                               |  |     |
|  |  |                               |  |     |
|  |  |                               |  |     |
|  |  |                               |  |     |

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1 Please indicate the Issuer Name.